

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10501

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *James James Jr*2. DATE
OF
DEATH *11/15/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland*B. FULL NAME OF
HOSPITAL OR
INSTITUTIONnot in hospital or institution, give street address or location
*1422 Argyle Ave.
Baltimore 17, Md.*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore

*two yrs.*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

*1422 Argyle Avenue**14-0V*5. SEX
*male*6. COLOR OR RACE
*colored*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
*married*8. DATE OF BIRTH
*Aug. 8, 1913*9. AGE (In years
last birthday)R Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
*laborer*10B. KIND OF BUSINESS OR
INDUSTRY
*sparrows Point*11. BIRTHPLACE (State or foreign country)
*Marion, S.C.*12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

*Jim James Sr.**Shipyard*

14. MOTHER'S MAIDEN NAME

*Martha M (unknown)*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*yes**WWII*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Fannie James 1422 Argyle Ave.*18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Hypertensive Heart
Disease*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO(C)
DUE TOINTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (a.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Autopsy* thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

*R. W. Williams*23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

*11/16/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Removal*

24B. DATE

11/18/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Dillon, South Carolina*DATE RECEIVED BY
LOCAL REGISTRAR

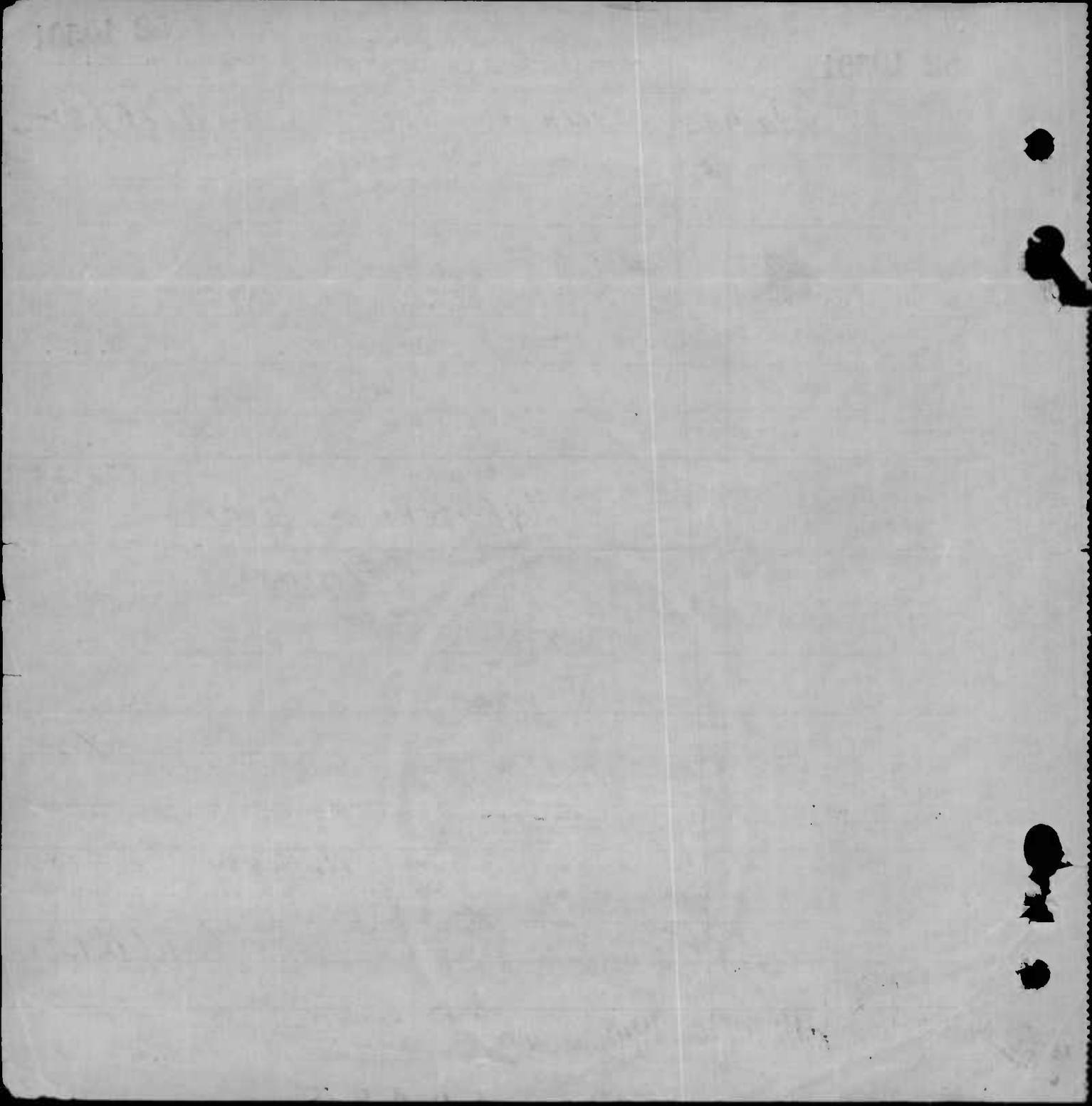
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Arlington W. Phillips 1808



AB-116464

M-450

52 10502

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10502

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Maloney

2. DATE
OF
DEATH

Nov. 14-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4940 Eastern Ave. Baltimore City Hospitals

c. Length of stay in Baltimore

34 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 28, 1867

9. AGE (In years
last birthday)

85

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jackson Delosier

14. MOTHER'S MAIDEN NAME

Julia Reckard (Rechard)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arterio Sclerotic Cardio Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) In Acute Congestive Failure

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-9-48, 1948 to 11-14-52, that I last saw the
deceased alive on 11-14-52, and that death occurred at 11:55 PM from the causes and on the date stated above.

23A. SIGNATURE

H. J. Delosier

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

11-15-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/18/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Paul C. Chensworth, 3615 12th Street Ave

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
INVESTIGATION OF DEATH

10/1/50

10/1/50

52 10503

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10503

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY L. BUCHTA

2. DATE
OF
DEATH

Nov. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1517 N. Eden Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1517 N. Eden Street

C. Length of stay in Baltimore

58

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 1, 1873

9. AGE (In years
last birthday)

79

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Pa. York County

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Davis

14. MOTHER'S MAIDEN NAME

Catherine Seigrist

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Mr. Albert Buchta-1517 N. Eden St.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Chronic Myocarditis

Arteriosclerotic Cardiovascular
DiseaseINTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1951, to Nov. 15, 1952, that I last saw the
deceased alive on Nov. 14, 1952, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/19/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

H. SANDER & SONS, Inc
North Av. & Broadway-13

ADDRESS-

1001 98

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

DATE

PLACE

CAUSE OF DEATH

DATE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

DATE OF INTERMENT

PLACE OF INTERMENT

DATE OF BURIAL

PLACE OF BURIAL

DATE OF CREMATION

PLACE OF CREMATION

DATE OF EXHUMATION

PLACE OF EXHUMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

DATE OF REBURIAL

PLACE OF REBURIAL

DATE OF RECREMATION

PLACE OF RECREMATION

DATE OF REEXHUMATION

PLACE OF REEXHUMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

DATE OF REBURIAL

PLACE OF REBURIAL

DATE OF RECREMATION

PLACE OF RECREMATION

DATE OF REEXHUMATION

PLACE OF REEXHUMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

DATE OF REBURIAL

PLACE OF REBURIAL

DATE OF RECREMATION

PLACE OF RECREMATION

DATE OF REEXHUMATION

PLACE OF REEXHUMATION

52 10504

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10504
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura Wilson Hinds

2. DATE
OF
DEATH

11-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

2201 Annapolis Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

10 yrs

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

54E 19-1856

9. AGE (In years last birthday)

96

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Pena

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Myron Balduris

14. MOTHER'S MAIDEN NAME

Elyza Schlom

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Helen White, 2201 Annapolis Balto Md

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

6 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cerebro

DUE TO

(C)

Vascular Disease

2 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 1-16, 1951 to 11-18, 1952, that I last saw the deceased alive on 11-17, 1952, and that death occurred at 2:4 m., from the causes and on the date stated above.

23. SIGNATURE

John P. Ulbrich, Jr

M. D.

23B. ADDRESS

1227 Waver Blvd

23C. DATE SIGNED

11/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-21-52

24C. NAME OF CEMETERY OR CREMATORY

Mtrose Cem

24D. LOCATION (City, town, or county)

Mtrose Pa

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Edward Toulson Balto Md

2355 Wash Blvd.

NOV 18 1952

1952 20310

MASSACHUSETTS DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

SECRET
NO FORN DISSEM

0 0 0 0

BRACCO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10506
Registered No.

52 10506
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Bessie Bracco</i>			2. DATE OF DEATH <i>11/16/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 11-03</i> D. STREET ADDRESS (If rural, give location) <i>805 David Hill Ave #17</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mersey Hospital</i>			Yrs. Mos. Days		
C. Length of stay in Baltimore <i>35</i>					
5. SEX <i>F</i>	6. COLOR OR RACE <i>B</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>6/1/16</i>	9. AGE (In years last birthday) <i>36</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemployed</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>MD</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Enzo Bracco</i>			14. MOTHER'S MAIDEN NAME <i>Lucina Mitchell</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS <i>Hub Bracco</i>		

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(My father-in-law cardiovascular disease)</i> DUE TO <i>Heart disease</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Residual of poliomyelitis (right-sided hemiparesis) 34 years</i>					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/13</i> , 19 <i>52</i> , to <i>11/16</i> , 19 <i>52</i> that I last saw the deceased alive on <i>11/16</i> , 19 <i>52</i> and that death occurred at <i>7:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Hubert R. Ireland</i>		23B. ADDRESS <i>Mary Hoff</i>		23C. DATE SIGNED <i>11/16/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-19-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Crestview Maus.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore MD</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams, Jr.</i>		24F. ADDRESS <i>5780</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>11/18/52</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>Matthew A. Henrich</i>	

2000

IN THE DISTRICT COURT OF THE UNITED STATES FOR THE DISTRICT OF COLUMBIA

1900

3000

52 10507

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10507
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)GARTON
George Johnson2. DATE
OF
DEATH

NOV 17 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 14-03

D. STREET ADDRESS (If rural, give location)

1823 BRUNT ST

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

12-11-98

9. AGE (In years
last birthday)

5-3

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

J.

14. MOTHER'S MAIDEN NAME

J.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

217-01-3618

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

✓

18. 416X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-28-1952 to 11-17-1952 that I last saw the
deceased alive on 11-17-1952, and that death occurred at 140 A m., from the causes and on the date stated above.

23A. SIGNATURE

Michael W. Dick

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/20/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. Kelson

ADDRESS

1303

VS 150

5 920991 0 4 Chestman St

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly. Correct age if especially important.

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NOV 11 1934

CAUSE OF DEATH

Heart failure
due to
arteriosclerosis

11-11-34

0 1 0

H-235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10508

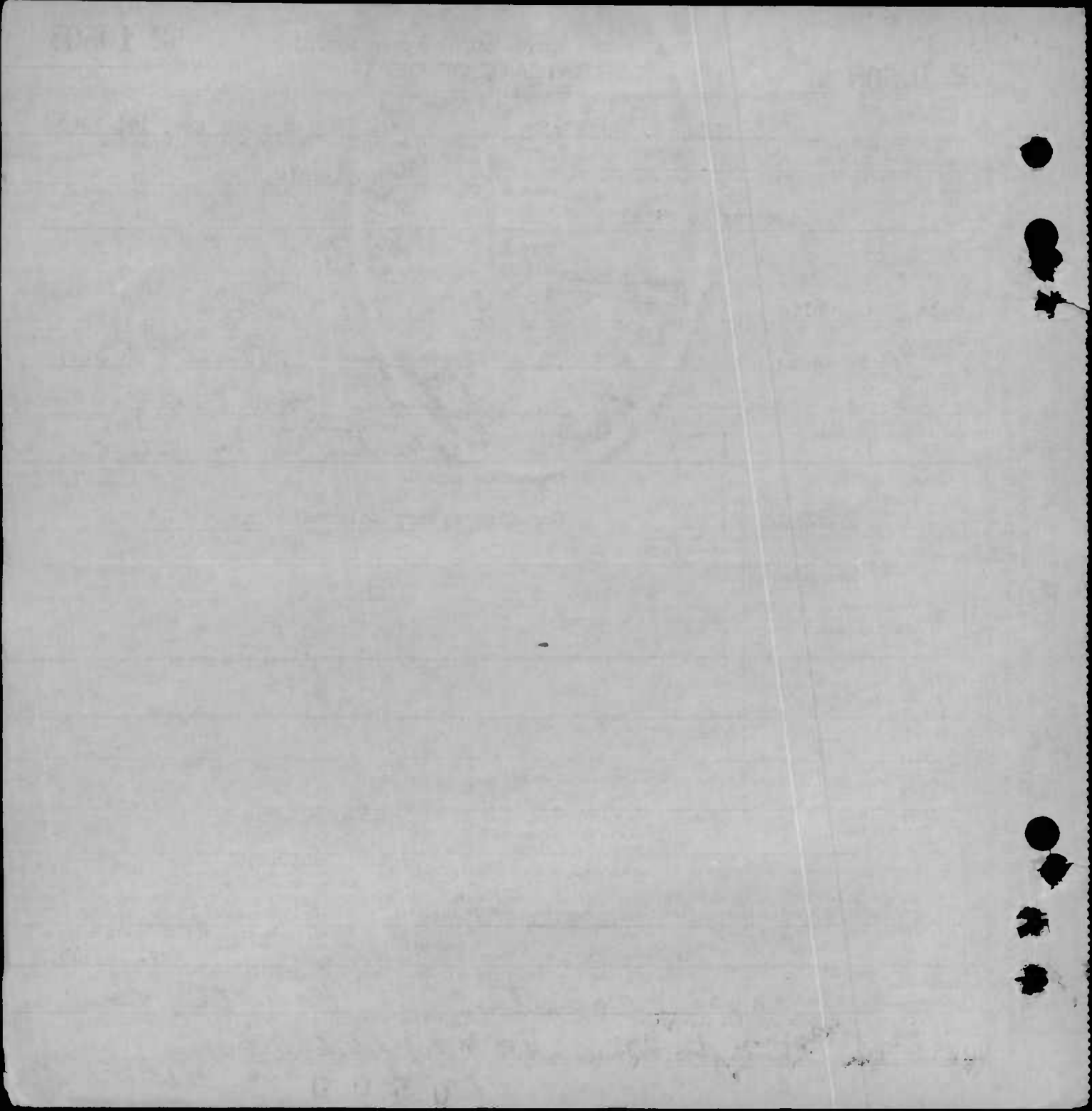
Registered No.

52 10508

1. NAME OF DECEASED (Type or Print)		DREW W. HEISTAND		2. DATE OF DEATH		Nov. 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)				Pennsylvania			
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				Marietta			
D. STREET ADDRESS (If rural, give location)				R. 4. D. #1			
c. Length of stay in Baltimore				Yrs. Mos. Days			
5. SEX	6. COLOR OR RACE	7. MARRIED, SINGLE WIDOWED (Specify)		8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year	11. Under 24 Hours
male	white			Oct 6, 1905	47 yrs.	Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Farmer				Phoenixville, Penna		U. S. A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
George Heistand				Elida Whitaker			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
				Mrs. Panderstice		Marietta, Pa	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) CAUSE OF DEATH Coronary artery sclerosis			
DUE TO							
ANTECEDENT CAUSES				(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE				23B. CHIEF MEDICAL EXAMINER.....		23C. DATE SIGNED	
R. B. Fisher				M.D.		Nov. 18, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		11/20/52		Marietta		Marietta, Pa	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
NOV 18 1952		Huntington Williams, M.D.		Wm J Pickens & Sons		No. 4 Bequing ave., Balto., Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 10509

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10509

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VIRGINIA M. McDONALD

2. DATE
OF
DEATH

Nov. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2817 Riggs Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2817 Riggs Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 22, 1916

9. AGE (In years
last birthday)

36

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter Engler

14. MOTHER'S MAIDEN NAME

Lillie Ensor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Theodore McDonald-2817 Riggs Ave.

18.

171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION FIRST.

(B)

DUE TO

(C)

2 yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1952, to 11/16, 1952, that I last saw the deceased alive on 11/15, 1952, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas Langhlin

M. D.

23B. ADDRESS

4508 Edmondson Village

23C. DATE SIGNED

11/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/19/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Dickner & Sons

Balto. 17, Md.

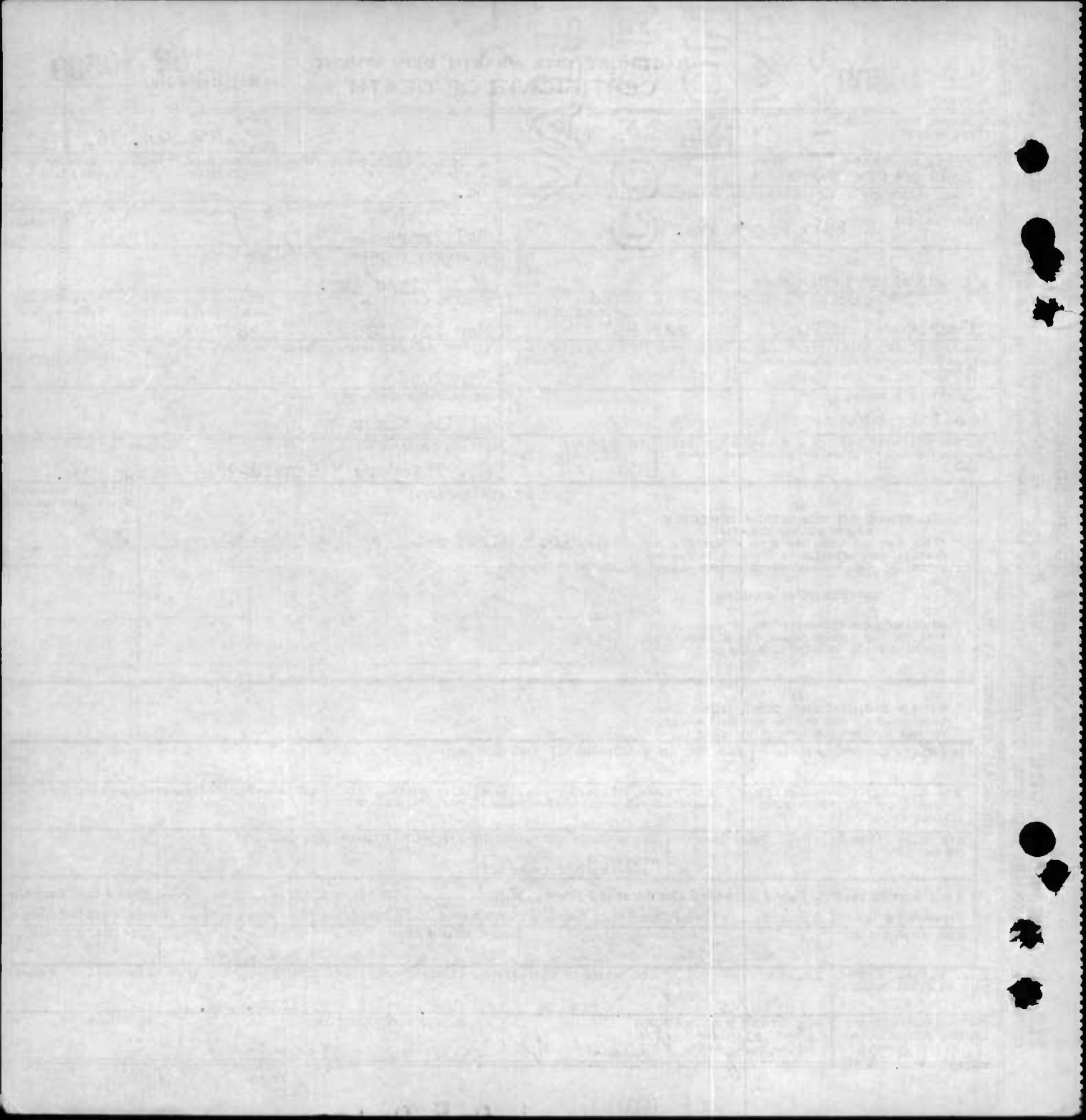
NOV 18 1952

VS 150

1952 0010509

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.



R-235
52 10510

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10510

Registered No. 17

BIRTH NO.		1. NAME OF DECEASED (Type or Print) BENJAMIN FRANKLIN RISTON		2. DATE OF DEATH Nov. 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1714-01			
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1606 Baltm St			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) unmarried	8. DATE OF BIRTH June 18, 1892	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter		10B. KIND OF BUSINESS OR INDUSTRY House		11. BIRTHPLACE (State or foreign country) Alexandria, Va.	
13. FATHER'S NAME James Riston		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no known		16. SOCIAL SECURITY NO. 220-07-572		14. MOTHER'S MAIDEN NAME Roda Balis	
17. INFORMANT Vertie Riston, Washington, D. C.		17. ADDRESS 58 35 Colorado Ave			
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2 hours			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(A) Cardiac infarction DUE TO (B) chronic arteriosclerotic heart disease DUE TO (C) acute coronary thrombosis			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 0		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 0		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 0	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 0		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? 0	
22. I hereby certify that I attended the deceased from Nov. 10, 1952 to Nov. 17, 1952 , that I last saw the deceased alive on Nov. 17, 1952 , and that death occurred at 2:55 a.m., from the causes and on the date stated above.					
23A. SIGNATURE B. P. Brichy M.D.		23B. ADDRESS Union Memorial		23C. DATE SIGNED 11-17-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/19/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Wm. Cook Inc., 1217 E. Paul St			
DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. Cook Inc., 1217 E. Paul St	

5 56424 502

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

01272 53

DEPARTMENT OF HEALTH

LS 1000

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of cremation		19. Signature of other disposition		20. Signature of other disposition	
21. Signature of other disposition		22. Signature of other disposition		23. Signature of other disposition		24. Signature of other disposition	
25. Signature of other disposition		26. Signature of other disposition		27. Signature of other disposition		28. Signature of other disposition	
29. Signature of other disposition		30. Signature of other disposition		31. Signature of other disposition		32. Signature of other disposition	
33. Signature of other disposition		34. Signature of other disposition		35. Signature of other disposition		36. Signature of other disposition	
37. Signature of other disposition		38. Signature of other disposition		39. Signature of other disposition		40. Signature of other disposition	
41. Signature of other disposition		42. Signature of other disposition		43. Signature of other disposition		44. Signature of other disposition	
45. Signature of other disposition		46. Signature of other disposition		47. Signature of other disposition		48. Signature of other disposition	
49. Signature of other disposition		50. Signature of other disposition		51. Signature of other disposition		52. Signature of other disposition	
53. Signature of other disposition		54. Signature of other disposition		55. Signature of other disposition		56. Signature of other disposition	
57. Signature of other disposition		58. Signature of other disposition		59. Signature of other disposition		60. Signature of other disposition	
61. Signature of other disposition		62. Signature of other disposition		63. Signature of other disposition		64. Signature of other disposition	
65. Signature of other disposition		66. Signature of other disposition		67. Signature of other disposition		68. Signature of other disposition	
69. Signature of other disposition		70. Signature of other disposition		71. Signature of other disposition		72. Signature of other disposition	
73. Signature of other disposition		74. Signature of other disposition		75. Signature of other disposition		76. Signature of other disposition	
77. Signature of other disposition		78. Signature of other disposition		79. Signature of other disposition		80. Signature of other disposition	
81. Signature of other disposition		82. Signature of other disposition		83. Signature of other disposition		84. Signature of other disposition	
85. Signature of other disposition		86. Signature of other disposition		87. Signature of other disposition		88. Signature of other disposition	
89. Signature of other disposition		90. Signature of other disposition		91. Signature of other disposition		92. Signature of other disposition	
93. Signature of other disposition		94. Signature of other disposition		95. Signature of other disposition		96. Signature of other disposition	
97. Signature of other disposition		98. Signature of other disposition		99. Signature of other disposition		100. Signature of other disposition	

01272 53

52 10511

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Mrs Eyring*

MAMIE EYRING

2. DATE
OF
DEATH*11/17/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4604 Kavon Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 18, 1887

9. AGE (In years last birthday)

65

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Peter Krill

Cl. Thng (n)

14. MOTHER'S MAIDEN NAME

Augusta Gottschalk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

216-10-3417

17. INFORMANT

ADDRESS

Mrs. Catherine O'Neill, 4604 Kavon Avenue

18. *170X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Carcinoma of the Breast*

DUE TO

*with generalized metastases**6 1/2 yrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY
William J. Cook
CHIEF OR ACT. MEDICAL EXAMINER.II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.*Pathological fractures of the femur, rt. and left humerus.**3 days*

19A. DATE OF OPERATION

1946-1952

19B. MAJOR FINDINGS OF OPERATION

*Carcinoma of the Breast, rt.; Cutaneous metastases**4/15/52*

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore 6th

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

*11/15/52**1A m.*

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

*Rollad out of bed in her sleep.*22. I hereby certify that I attended the deceased from *11/15* 1952, to *11/17* 1952, that I last saw the deceased alive on *11/17* 1952, and that death occurred at *6:45 p* m., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

M. D.

23B. ADDRESS

South Baltimore Genl Hosp

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/20/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore County, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

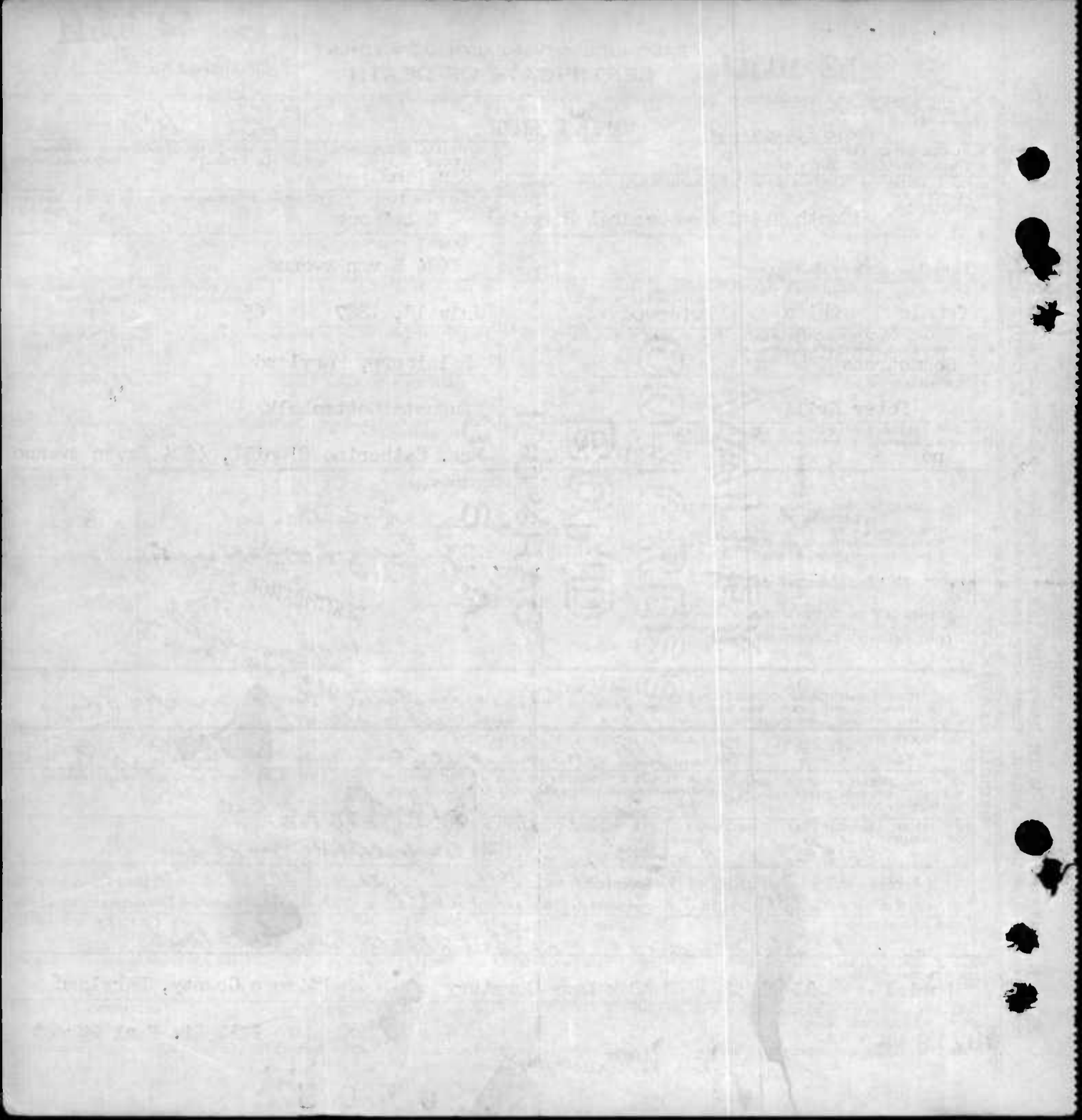
1217 St. Paul Street

VS 150

690460503

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The contents of this certificate are especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN S. KOPP

2. DATE
OF
DEATH

Nov. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 711 N. Belnord Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

711 N. Belnord Ave.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 20, 1869

9. AGE (In years,
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired - Chem. mixer

10B. KIND OF BUSINESS OR
INDUSTRY

Sharp & Dohme

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Andrew Kopp

14. MOTHER'S MAIDEN NAME

Margaret Frank

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

yes

(If yes, give war or dates of service)

U.S. Navy

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Gertude Hock, dght, above

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950 to Nov 15, 1952, that I last saw the
deceased alive on Nov 15, 1952, and that death occurred at 8:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Helen J. Samuels

M. O.

23B. ADDRESS

2711 Carter Ave

23C. DATE SIGNED

Nov. 18, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 19, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Walians, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.NOV 18 1952
VS 150

19520010504

100-100000

UNITED STATES DEPARTMENT OF JUSTICE

CENTRAL CASE OF DEATH

FILE NO.

100-100000

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM R. HILL, JR.

2. DATE OF DEATH
Nov. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3115 Ravenwood Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE Md. B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-01

D. STREET ADDRESS (If rural, give location)

3115 Ravenwood Ave.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

March 5, 1920

9. AGE (In years last birthday)

32

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Tin Mill10B. KIND OF BUSINESS OR INDUSTRY
Beth. Steel Corp.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm. R. Hill, Sr.

14. MOTHER'S MAIDEN NAME

Myrtle Brewington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes

16. SOCIAL SECURITY NO.
215-05-2294

17. INFORMANT

ADDRESS

Mrs. Margaret Sentz Hill, wife, above

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial infarction

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary heart disease

3 mons.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Aug 1952 to 15 Nov 1952 that I last saw the deceased alive on 15 Nov 1952, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John W. Barnaby M. D.

23B. ADDRESS

1531 E North Ave

23C. DATE SIGNED

17 Nov 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 19, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.

2601-3-5 E. Madison St.

NOV 18 1952

195 2600 30505

5-521
52 10514BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10514

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Michael H. Simkevicius (Shimkus)*2. DATE
OF
DEATH*11/17/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

*Md.*B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION*1330 Hollins St.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

*Baltimore**19-03*

township)

D. STREET ADDRESS (If rural, give location)

1330 Hollins St.

C. Length of stay in Baltimore

*30*Yrs.
Mons
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/19/1896

9. AGE (In years

last birthday)

56

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Sailor*10B. KIND OF BUSINESS OR
INDUSTRY*Army Unit 60.*

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Victor Simkevicius

14. MOTHER'S MAIDEN NAME

*Unknown*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS *1330 Jt**Mrs. Isabelle P. Simkevicius Hollins*18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)*Congestive Heart failure*INTERVAL BETWEEN
ONSET AND DEATH*years*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.*Hypertension**years*11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 1* 1950, to *Nov 17*, 1952, that I last saw the
deceased alive on *Nov 17*, 1952, and that death occurred at *3:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

E. Mendelsohn M. D.

23B. ADDRESS

651 N. Beutalou

23C. DATE SIGNED

*11/18/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

11/20/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

4430 Belair Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Bowman & Son, Hollins

ADDRESS

SALTWATER CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race		Date of Birth		Date of Death		Place of Death		Cause of Death		Manner of Death		Signature of Physician		Signature of Registrar	
John Doe		45		Male		White		1910-01-15		1955-03-10		Home		Heart Disease		Natural		[Signature]		[Signature]	
Occupation		Residence		Marital Status		Education		Previous Illnesses		Last Illness		Burial Place		Burial Date		Burial Time		Burial Signature		Burial Date	
Teacher		123 Main St		Married		High School		Hypertension		Stroke		Cemetery		1955-03-12		10:00 AM		[Signature]		1955-03-12	

K-613

52 10515

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10515

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILIAM H. KRAFT SR.

2. DATE
OF
DEATH

Nov. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3527 Elmley Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
(If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-03

D. STREET ADDRESS (If rural, give location)

3527 Elmley Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

May 4, 1900

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
She t metal worker10B. KIND OF BUSINESS OR
INDUSTRY
Automobile Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Kraft

14. MOTHER'S MAIDEN NAME

Maggie B. Galster

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No.16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elsie Kraft 3527 Elmley Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1952, to Nov 16, 1952, that I last saw the
deceased alive on 11/15, 1952, and that death occurred at 12 A. M. from the causes and on the date stated above.

23A. SIGNATURE

A. B. Stevens

M. D.

23B. ADDRESS

3400 Erdman Ave

23C. DATE SIGNED

11/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

Nov. 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.

VS 150

1952 059138507

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The corrected age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10516

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Herbert T Hatcher

2. DATE

OF DEATH November 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Maryland Hartford

Edgewood

c. Length of stay in Baltimore

Yrs.
Mos.
Days

6200

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr 16, 1929

9. AGE (In years last birthday)

23

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Gas Station Attendant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hartford CO

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James T. Hatcher

14. MOTHER'S MAIDEN NAME

Grace Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

213-26-9113

17. INFORMANT

Mrs Mary Jane Hatcher

ADDRESS

Edgewood

18. 342X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Interventricular Emphysema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Brain abscess - left Parietal lobe

DUE TO

(C) Lung abscess - Rt upper lobe

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-13-52

19B. MAJOR FINDINGS OF OPERATION

Brain Abscess LEFT Parietal lobe

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1952, to 11/17, 1952, that I last saw the deceased alive on 11/17, 1952, and that death occurred at 3:12 A.M., from the causes and on the date stated above.

23A. SIGNATURE

V. Hunter

23B. ADDRESS

M. O. University Hospital

23C. DATE SIGNED

11-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-20-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Tabor Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Bailey Funeral Home

ADDRESS

Baltimore, Md.

VS 150

195206216800

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 10517

BIRTH NO.

52 105171. NAME OF DECEASED
(Type or Print)William PORTEE2. DATE
OF
DEATH11/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF _____ not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)406 W. CONWAY ST.4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)A. STATE MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 22-02

D. STREET ADDRESS (If rural, give location)

406 W. CONWAY ST.

c. Length of stay in Baltimore

15 YRS

5. SEX

MALE

6. COLOR OR RACE

COLORED7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)MARRIED

8. DATE OF BIRTH

JUNE 21, 19089. AGE (In years
last birthday)44If Under 1 Year
Months: Days4 7If Under 24 hours
Hours: Min.4 710A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)LABORER10B. KIND OF BUSINESS OR
INDUSTRYCONSTRUCTION

11. BIRTHPLACE (State or foreign country)

COLUMBUS, S. C.12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

GIDDEUS PORTEE

14. MOTHER'S MAIDEN NAME

FRANCES BYRNS15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

1501 BALTIC AVE.
JOHN H. CARTER - ATLANTIC CITY, N. J.18. E 981X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Multiple Guns hot
wounds of chest

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)home21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)1159 E. Lombard St21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY11-15-16-5221E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot by unknown assailant22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M. D.

23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☐ 11/16/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)BURIAL

24B. DATE

NOV. 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

FAMILY LOT

24D. LOCATION (City, town, or county)

ATLANTIC CITY, N. J.DATE RECEIVED BY
LOCAL REGISTRARNOV 18 1952

REGISTRAR'S SIGNATURE

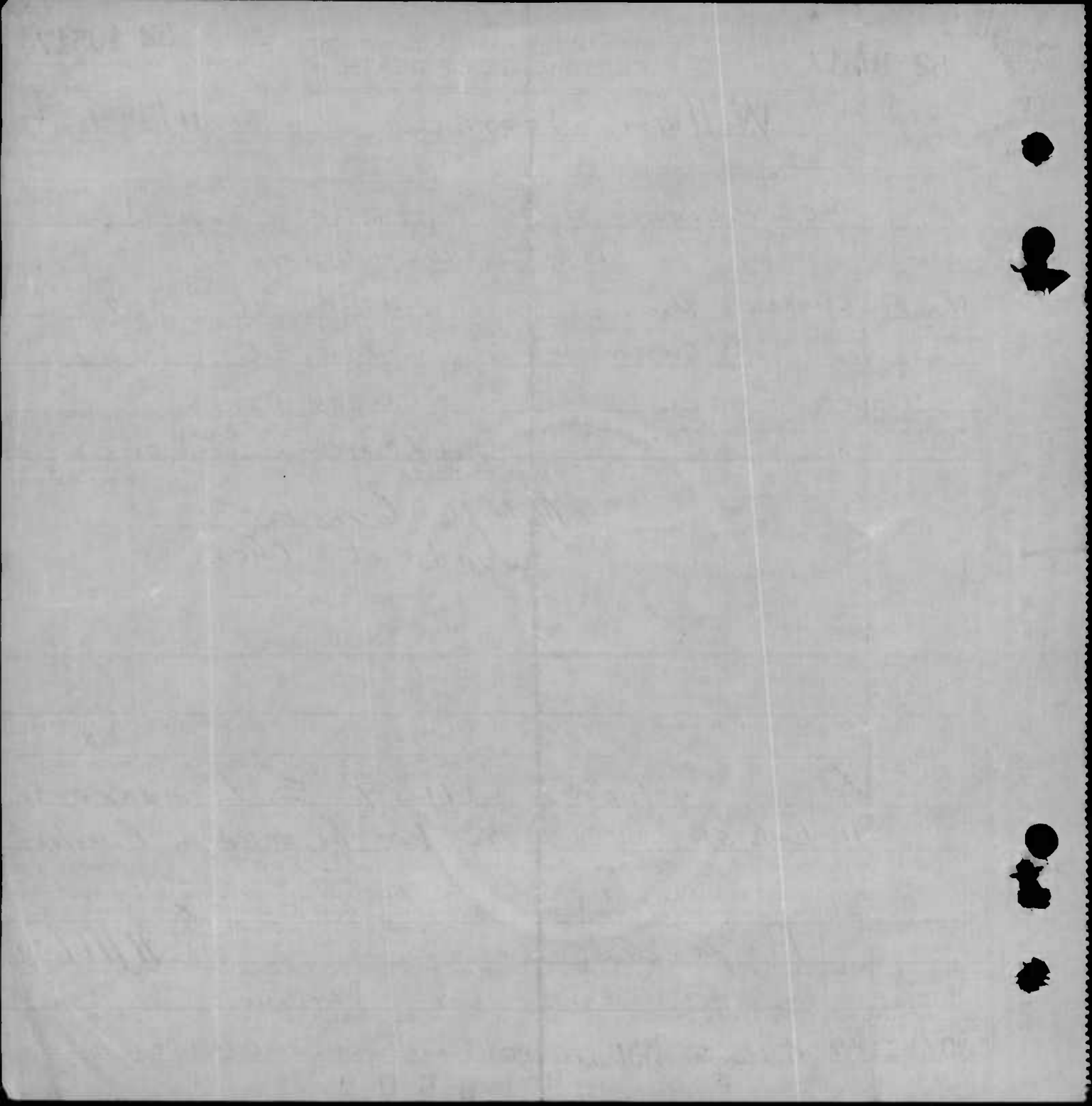
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HOLLAND FUNERAL HOME - 1631 DRUID HILL AVE.

VS 151

N 862.45 3 0 9 5 1 0 4 5 0 9



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10518

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Philip S. Goldsmith

2. DATE
OF
DEATH

NOV 17 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write R.U.M. and give township)

Baltimore

16-08

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

608 Woodington Rd.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

10-1-96

9. AGE (In years
last birthday)

5-6

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Contractor, Plumbing & Heating

10B. KIND OF BUSINESS OR INDUSTRY

Iron Business

11. BIRTHPLACE (State or foreign country)

Bass. Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

S. Goldsmith

14. MOTHER'S MAIDEN NAME

Lucy C. Isie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Mary F. Goldsmith 608 Woodington Rd.

18.

177X

CAUSE OF DEATH

608 Woodington Rd.

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac failure & Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Carcinoma

DUE TO

(C)

of Prostate

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 10-27-1952 to 11-17-1952 that I last saw the deceased alive on 11-17-1952 and that death occurred at 3:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Sandra

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/19/52

New Cathedral

Bass. Ind.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1952

Huntington Williams, M.D. Harry H. Witzke, 4101 Edmondson

VS 150

1952 029928 510

Am

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10519
Registered No.

52 10519

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES B. CAREY

2. DATE
OF
DEATH

11/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

DON SECOURS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 20-01

D. STREET ADDRESS (If rural, give location)

244 N. Payson St

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 10, 1890

9. AGE (In years last birthday)

62

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ETONE CAREY Shipyards

14. MOTHER'S MAIDEN NAME

LAURA WAGNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

213-09-1250

17. INFORMANT

ADDRESS

Charles E. Carey 2116 Hollin St.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Anterior Septal
cardio vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18, 1952, to 11/18, 1952, that I last saw the deceased alive on 11-18, 1952, and that death occurred at 2:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

William A. Pennington M. D.

23B. ADDRESS

Don Secours Hosp.

23C. DATE SIGNED

11/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Nov. 21/52 New Cathedral Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1952

Huntington Williams, M.D.

Harry F. Whitely 4101 Edmondson

VS 150

3903U

am

01271 ST

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

UNIT 30

4-2/01/11

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UNIT 30

52 10520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10520
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise Waters

2. DATE
OF
DEATH

Nov. 16, 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-81

D. STREET ADDRESS (If rural, give location)

1207 Nolan Ct.

c. Length of stay in Baltimore

Life

5. SEX

Female Negro

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12-3-11

9. AGE (In years last birthday)

41

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Rich

14. MOTHER'S MAIDEN NAME

Maggie Bolden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.

?

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18.

447x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Subarachnoid Hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Vascular Disease

DUE TO

3 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 1952 to Nov 16, 1952, that I last saw the deceased alive on Nov. 16, 1952, and that death occurred at 3:38 p. m., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Stevens, Jr. M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-21-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

A. A. Co., Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Rayner Sanders) E. Preston St

ADDRESS

217

VS 150

19520510510

10-1-50

CERTIFICATE OF DEATH

John Doe
Male
White
Born [illegible]
Died [illegible]

10-1-50

CERTIFICATE OF DEATH

1. Name of Deceased		John Doe	
2. Sex		Male	
3. Race		White	
4. Date of Birth		[illegible]	
5. Date of Death		[illegible]	
6. Place of Birth		[illegible]	
7. Place of Death		[illegible]	
8. Cause of Death		[illegible]	
9. Signature of Physician		[illegible]	
10. Signature of Registrar		[illegible]	

52 10521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10521
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH PODHORNIAK

2. DATE
OF DEATH Nov. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 432 S. Elrino St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-05

c. Length of stay in Baltimore About 44

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

432 S. Elrino St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 15, 1895

9. AGE (In years last birthday)

57

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Ukrania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

? Yanicki

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.
None17. INFORMANT ADDRESS
George Podhorniak 432 S. Elrino St.

18. 155X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Aug. 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Gallbladder

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1952 to Nov. 15, 1952, that I last saw the deceased alive on Nov. 15, 1952, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

James M. Wolfe

23B. ADDRESS

1331 E. North Ave

23C. DATE SIGNED

11-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county)

7401 German Hill Rd., Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Charles S. Giles

ADDRESS

901 S. Conkling St

VS 150

19520010518

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

NOV. 10, 1963

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

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1000 1000

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1000 1000

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1000 1000

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52 10522

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10522

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHANNA STEFANSKI

2. DATE

OF

DEATH

Nov. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 706 S. East Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

1-03

D. STREET ADDRESS (If rural, give location)

2511 Fleet St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 10, 1900

9. AGE (In years

last birthday)

52

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

At Home.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frederick Pfeil

14. MOTHER'S MAIDEN NAME

Margaret Horner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Martin Stefanski 2511 Fleet St.

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Lung

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Sept 18, 1952

Biopsy of liver. Metastatic Cancer

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1952, to Nov. 16, 1952, that I last saw the
deceased alive on Nov. 14, 1952, and that death occurred at 11:45 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Jason N. Gaskel

M. D.

23B. ADDRESS

637 S. Conkling St

23C. DATE SIGNED

Nov. 18, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 19, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State)

7224 Eastern Blvd. Ba. Co.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Charles J. Zeiler

25. FUNERAL DIRECTOR

901 S. Conkling St

VS 150

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. The correct age is essential. Physicians: please write the causes of death clearly and legibly. The

1933

CERTIFICATE OF DEATH
BALTIMORE CITY HEALTH DEPARTMENT

42-1022

DATE OF DEATH NOV. 10, 1933

LOCALITY BALTIMORE

DECEASED'S NAME

AGE

SEX

MALE

WHITE

MALE

RESIDENCE

AT HOME

1000

CAUSE OF DEATH

HEART DISEASE

DECEASED'S ADDRESS

1000

1000

1000

CAUSE OF DEATH

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

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HEART DISEASE

HEART DISEASE

HEART DISEASE

DECEASED'S NAME

1000

1000

1000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10523

52 10523
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

WILLIAM SCOTT

2. DATE
OF
DEATH

11-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO. MD

25-32

D. STREET ADDRESS (If rural, give location)

2508 TERRA FIRMA RD.

c. Length of stay in Baltimore

45

Yrs.
Mos.
D.

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Aug 26, 1895

9. AGE (In years
last birthday)

57

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Calvert Scott

14. MOTHER'S MAIDEN NAME

Agnes ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

?

(If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

Emma Scott Terra Firma Rd

ADDRESS 2508

18. E9000 and 3422
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

'CAUSE OF DEATH

(A) Cranio cerebral trauma

DUE TO

9 1/2 hrs

ANTECEDENT CAUSES

(B) alcoholism

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

CERTIFICATION APPROVED BY

Harry M. Walsh, M.D.
CHIEF OR ASST. MEDICAL EXAMINER.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore 2508 Terra Firma Rd.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

11-16-52 11 A. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell down stairs while intoxicated

22. I hereby certify that I attended the deceased from 16 October, 1952, to 16 October, 1952, that I last saw the deceased alive on 16 October, 1952, and that death occurred at 8:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Harry M. Walsh

M. D.

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

11-16-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-20-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

A. A. Co, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

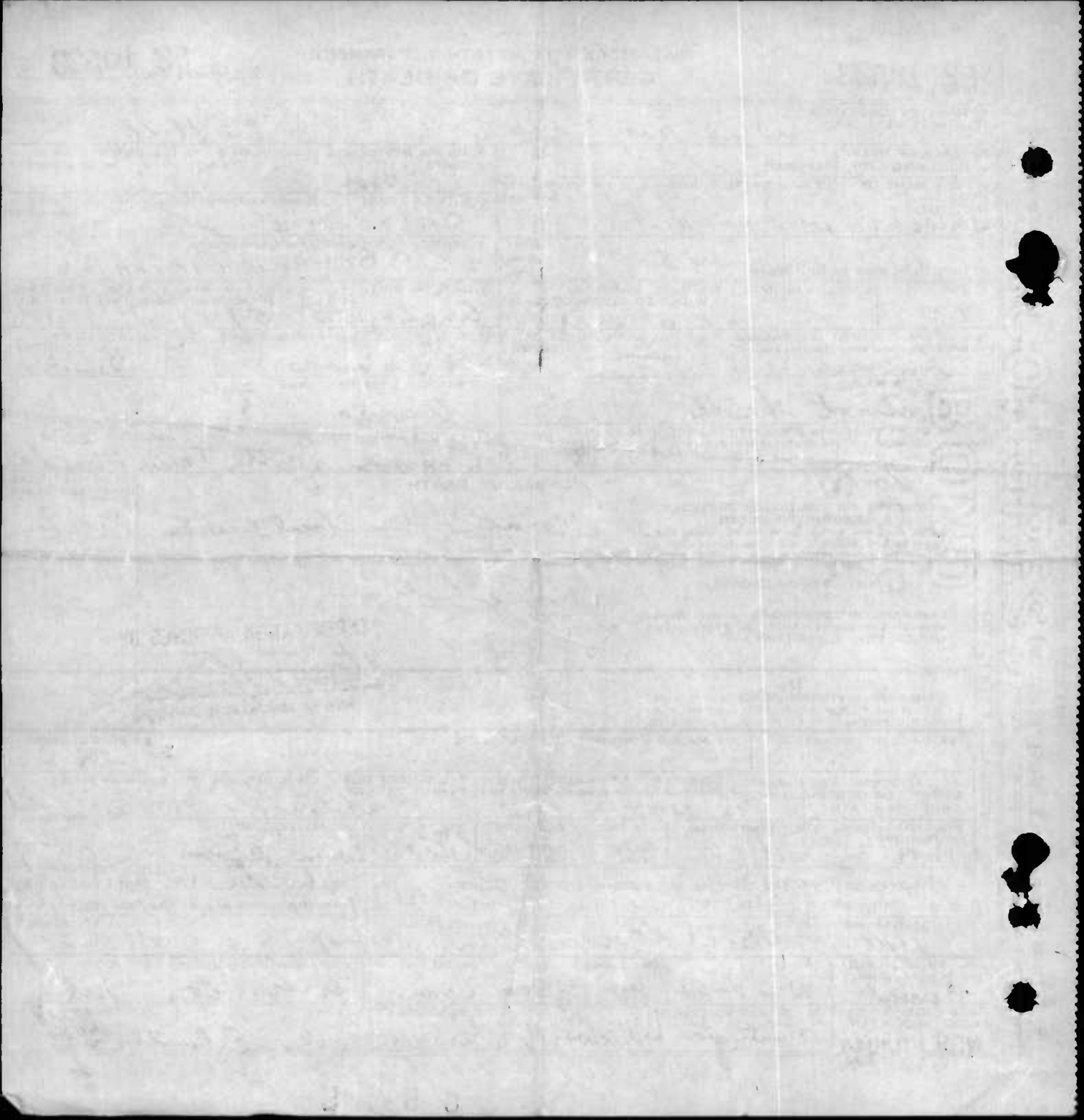
Rayner Sanders E. Preston St.

ADDRESS 217

NOV 18 1952

VS 150

N 803.2 9520010510



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and

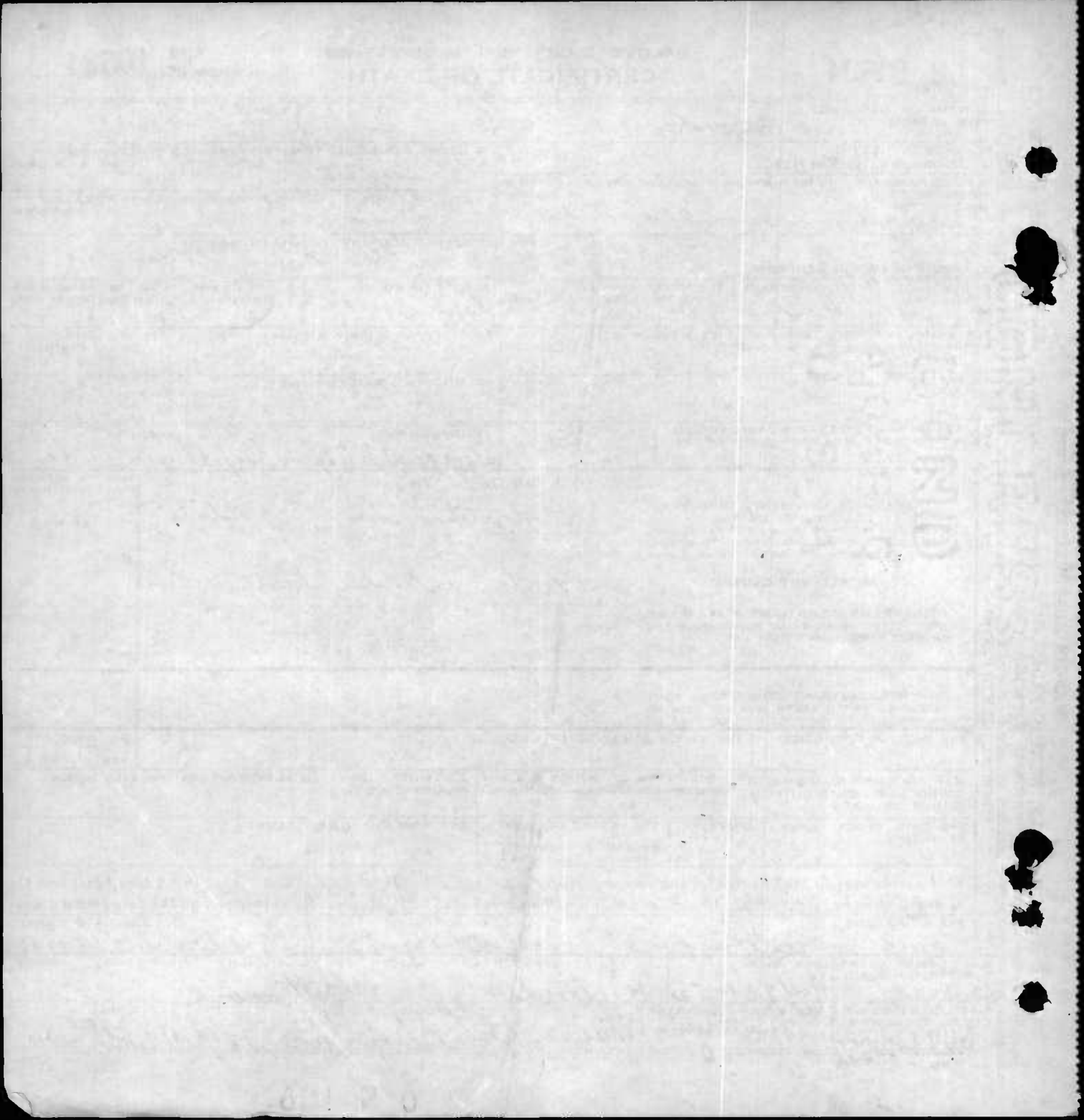
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52-10524

52-10524

1. NAME OF DECEASED (Type or Print) <i>Annie B. Leidner</i>			2. DATE OF DEATH <i>Nov. 17, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Baltimore Gen. Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>5200</i>		
c. Length of stay in Baltimore <i>43</i> Yrs. <i>81</i> Mos. <i>2</i> Days			D. STREET ADDRESS (If rural, give location) <i>Carrollton Manor, Severn, Md.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept. 12, 1871</i>	9. AGE (In years last birthday) <i>81</i>	10. Under 1 Year Months: <i>2</i> Days: <i>5</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>—</i>			16. SOCIAL SECURITY NO. <i>None</i>		
17. INFORMANT <i>George W. Leidner</i>			ADDRESS <i>Royal Oaks, Talbot Co. Md.</i>		
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Conjunctive heart failure</i> INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic heart disease</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov. 16</i> , 19 <i>52</i> , to <i>Nov. 17</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Nov. 16</i> , 19 <i>52</i> , and that death occurred at <i>1:40</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>W. W. Conway</i>			23B. ADDRESS <i>South Baltimore Gen. Hosp.</i>		23C. DATE SIGNED <i>Nov. 17, 1952</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 20, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Western</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Fred. A. Cole</i> ADDRESS <i>1913 W. Baltimore</i>	

52-10524



52 10525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10525

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES BERNARD BURK

2. DATE
OF
DEATH

November 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

332 STINSON ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

BALTIMORE 20-04

D. STREET ADDRESS (If rural, give location)

332 STINSON ST.

c. Length of stay in Baltimore

64 yrs

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

January 1884

9. AGE (In years
last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CARPENTER

10B. KIND OF BUSINESS OR
INDUSTRY

Building Maintenance MARYLAND

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF

WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Andrew H. Burk

14. MOTHER'S MAIDEN NAME

Margaret Leight

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Mrs. Annie Burk 332 Stinson St.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

7 days

DUE TO

ANTECEDENT CAUSES

(B)

High blood pressure

3 years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 29, 1949, to Nov. 18, 1952, that I last saw the
deceased alive on Nov. 17, 1952, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Gilbert E. Rudman

M. D.

23B. ADDRESS

2517 W. Balbo. St.

23C. DATE SIGNED

11/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-20-52

24C. NAME OF CEMETERY OR CREMATORY

St. Pauls Cemetery

24D. LOCATION (City, town, or county)

Baltimore County, Md

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. L. Schwab 2101 Frederick Ave.

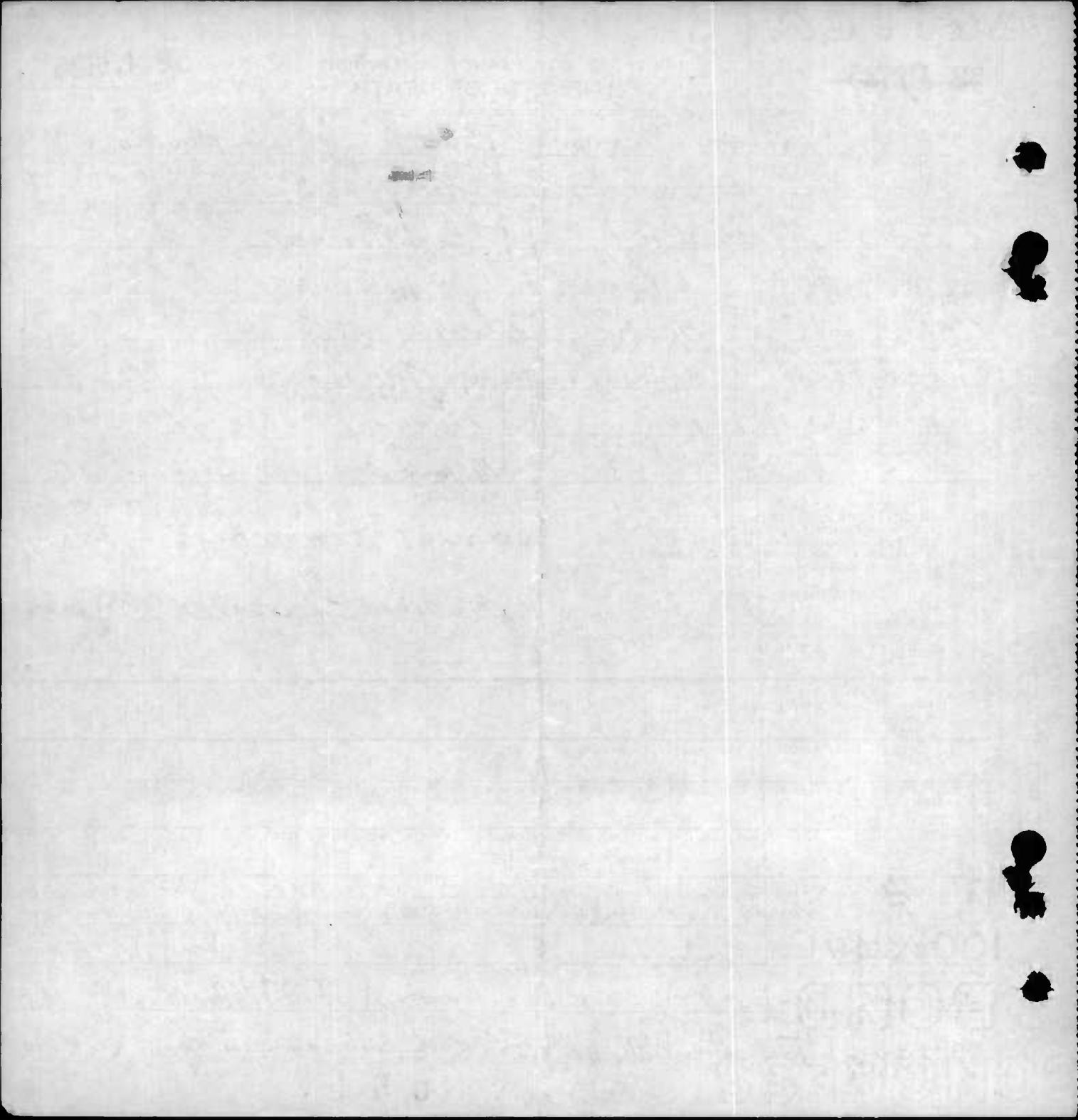
ADDRESS

VS 150

1 9 5 2 5 1 0 2 4 0 5 1 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. The correct age, is especially important. Physicians: please write the causes of death clearly and accurately.



F.260

52 10526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10526

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ernest Marvin Fisher

2. DATE
OF
DEATH

Nov. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2777 W. North Ave.,

61 yrs.
Mos.
Days

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

2777 W. North Ave.,

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 27, 1882

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

R.R. Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Pa. R. R.

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Cyrus V. Fisher

14. MOTHER'S MAIDEN NAME

Sarah E. Macueen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

717-07-8613

17. INFORMANT

ADDRESS

Mrs. Agnes M. Fisher 2777 W. North Ave

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Bronchogenic carcinoma of rt. lung 4 mos.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1952, to Nov. 17, 1952, that I last saw the
deceased alive on Nov. 15, 1952, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Abraham B. Hurwitz

M. D.

23B. ADDRESS

3048 W. North Ave.

23C. DATE SIGNED

Nov. 18, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

VS 150

554/050 10518

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The age is important. Physicians: please write the causes of death clearly and accurately.

Dr. A. B. Hurant

3048 W. North Ave. LO 0400

F. 635

52 10527

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10527

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Joseph Fortune

2. DATE
OF
DEATH

Nov. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3029 Belmont Ave.,

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-07

D. STREET ADDRESS (If rural, give location)

3029 Belmont Ave.,

C. Length of stay in Baltimore

65-Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Dec. 3, 1871

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Fortune

14. MOTHER'S MAIDEN NAME

Elizabeth Philpot

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Miss Helen M. Fortune 3029 Belmont Ave

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Cardiovascular disease
C.P.C. & T. Lung
DUE TO C.P.C. & Lung.INTERVAL BETWEEN
ONSET AND DEATH2 yrs.
3 mos.
3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1952, to Nov. 17, 1952, that I last saw the
deceased alive on Nov. 17, 1952, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Williams

M. D.

23B. ADDRESS

12028 Paul St

23C. DATE SIGNED

11/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-20-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Howard Strong 3207 W. North Ave.,

VS 150

9520010510

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The cause of death clearly and accurately stated is important. Physicians: please write the causes of death clearly and accurately.

MEDICAL CERTIFICATION

Dr E W Moore
1207 St Paul

LE 3289

W-420

X

52 10528

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

52 10528
BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Wallace			2. DATE OF DEATH Nov. 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pennsylvania B. COUNTY V-25		
5. FULL NAME OF (If not in hospital or institution, give street address or hospital or U. S. Public Health Service location) INSTITUTION Hospital, Baltimore, Md.			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Philadelphia		
7. Length of stay in Baltimore about 1 months			8. STREET ADDRESS (If rural, give location) 211 Walnut Street		
9. SEX Male	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	12. DATE OF BIRTH March 13, 1915	13. AGE (In years last birthday) 37	14. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
15A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		15B. KIND OF BUSINESS OR INDUSTRY Seafarer	16. BIRTHPLACE (State or foreign country) Pennsylvania		17. CITIZEN OF WHAT COUNTRY? U. S. A.
18. FATHER'S NAME William Wallace			19. MOTHER'S MAIDEN NAME Jennie Harding		
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		21. SOCIAL SECURITY NO. unk	22. INFORMANT Records Dept. ADDRESS U.S. Public Health Service Hosp., Balto. Md.		

18. 446x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriolar nephrosclerosis with anemia DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 year
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 21, 1952 , to Nov. 18, 1952 , that I last saw the deceased alive on Nov. 18, 1952 , and that death occurred at 5:10a m. , from the causes and on the date stated above.					
23A. SIGNATURE D. W. Patrick, Medical Director		23B. ADDRESS U.S. Public Health Service Hospital, Baltimore, Md.		23C. DATE SIGNED 11/18/52	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE 11-22-52		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
24D. LOCATION (City, town, or county) (State) Phila - Pa		25. FUNERAL DIRECTOR Huntington Williams, M.D. 403 S. W. 4th St			
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

VS 150

95673 550520

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The age is important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		DISEASE OR INJURY		MEDICAL HISTORY		TREATMENT		POST-MORTEM	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES		SIGNATURE OF PHYSICIAN		SIGNATURE OF CORONER		SIGNATURE OF JUDGE		SIGNATURE OF CLERK	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	
PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE	
DATE OF DEATH		DATE OF DEATH		DATE OF DEATH		DATE OF DEATH		DATE OF DEATH		DATE OF DEATH	
PLACE OF DEATH		PLACE OF DEATH		PLACE OF DEATH		PLACE OF DEATH		PLACE OF DEATH		PLACE OF DEATH	

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10529

BIRTH NO. 52-19429

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MCKINLEY E PRATT		Nov. 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		A. STATE Maryland B. COUNTY	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01	
D. STREET ADDRESS (If rural, give location) 936 Druid Hill Avenue		D. STREET ADDRESS (If rural, give location)	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 1.	8. DATE OF BIRTH 8/23/52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 3
11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Patrick Cameron		14. MOTHER'S MAIDEN NAME Elizabeth Pratt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Elizabeth Pratt		18. 391.2	

18. 391.2		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Otitis media, bilateral			
DUE TO		(B)			
DUE TO		(C)			
DUE TO		(D)			
DUE TO		(E)			
DUE TO		(F)			
DUE TO		(G)			
DUE TO		(H)			
DUE TO		(I)			
DUE TO		(J)			
DUE TO		(K)			
DUE TO		(L)			
DUE TO		(M)			
DUE TO		(N)			
DUE TO		(O)			
DUE TO		(P)			
DUE TO		(Q)			
DUE TO		(R)			
DUE TO		(S)			
DUE TO		(T)			
DUE TO		(U)			
DUE TO		(V)			
DUE TO		(W)			
DUE TO		(X)			
DUE TO		(Y)			
DUE TO		(Z)			
DUE TO		(AA)			
DUE TO		(AB)			
DUE TO		(AC)			
DUE TO		(AD)			
DUE TO		(AE)			
DUE TO		(AF)			
DUE TO		(AG)			
DUE TO		(AH)			
DUE TO		(AI)			
DUE TO		(AJ)			
DUE TO		(AK)			
DUE TO		(AL)			
DUE TO		(AM)			
DUE TO		(AN)			
DUE TO		(AO)			
DUE TO		(AP)			
DUE TO		(AQ)			
DUE TO		(AR)			
DUE TO		(AS)			
DUE TO		(AT)			
DUE TO		(AU)			
DUE TO		(AV)			
DUE TO		(AW)			
DUE TO		(AX)			
DUE TO		(AY)			
DUE TO		(AZ)			
DUE TO		(BA)			
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DUE TO		(BC)			
DUE TO		(BD)			
DUE TO		(BE)			
DUE TO		(BF)			
DUE TO		(BG)			
DUE TO		(BH)			
DUE TO		(BI)			
DUE TO		(BJ)			
DUE TO		(BK)			
DUE TO		(BL)			
DUE TO		(BM)			
DUE TO		(BN)			
DUE TO		(BO)			
DUE TO		(BP)			
DUE TO		(BQ)			
DUE TO		(BR)			
DUE TO		(BS)			
DUE TO		(BT)			
DUE TO		(BU)			
DUE TO		(BV)			
DUE TO		(BW)			
DUE TO		(BX)			
DUE TO		(BY)			
DUE TO		(BZ)			
DUE TO		(CA)			
DUE TO		(CB)			
DUE TO		(CC)			
DUE TO		(CD)			
DUE TO		(CE)			
DUE TO		(CF)			
DUE TO		(CG)			
DUE TO		(CH)			
DUE TO		(CI)			
DUE TO		(CJ)			
DUE TO		(CK)			
DUE TO		(CL)			
DUE TO		(CM)			
DUE TO		(CN)			
DUE TO		(CO)			
DUE TO		(CP)			
DUE TO		(CQ)			
DUE TO		(CR)			
DUE TO		(CS)			
DUE TO		(CT)			
DUE TO		(CU)			
DUE TO		(CV)			
DUE TO		(CW)			
DUE TO		(CX)			
DUE TO		(CY)			
DUE TO		(CZ)			
DUE TO		(DA)			
DUE TO		(DB)			
DUE TO		(DC)			
DUE TO		(DD)			
DUE TO		(DE)			
DUE TO		(DF)			
DUE TO		(DG)			
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DUE TO		(DI)			
DUE TO		(DJ)			
DUE TO		(DK)			
DUE TO		(DL)			
DUE TO		(DM)			
DUE TO		(DN)			
DUE TO		(DO)			
DUE TO		(DP)			
DUE TO		(DQ)			
DUE TO		(DR)			
DUE TO		(DS)			
DUE TO		(DT)			
DUE TO		(DU)			
DUE TO		(DV)			
DUE TO		(DW)			
DUE TO		(DX)			
DUE TO		(DY)			
DUE TO		(DZ)			
DUE TO		(EA)			
DUE TO		(EB)			
DUE TO		(EC)			
DUE TO		(ED)			
DUE TO		(EE)			
DUE TO		(EF)			
DUE TO		(EG)			
DUE TO		(EH)			
DUE TO		(EI)			
DUE TO		(EJ)			
DUE TO		(EK)			
DUE TO		(EL)			
DUE TO		(EM)			
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DUE TO		(JW)			
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DUE TO		(KI)			
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DUE TO		(KK)			
DUE TO		(KL)			
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DUE TO		(KN)			
DUE TO		(KO)			
DUE TO		(KP)			

See Directive in Document File from
Dr. Russell S. Fisher,
Chief Medical Examiner

52 10530

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10530

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruth

Gersuk

2. DATE
OF DEATH

November 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

12-05

D. STREET ADDRESS (If rural, give location)

1609 St. Paul St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH

July 30, 1915

9. AGE (In years
last birthday)

37

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York City

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob J Goldshider

14. MOTHER'S MAIDEN NAME

Hannah Schertzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Morris A Goldshider Ocen Parkway Brooklyn

ADDRESS 250

18. 410X

CAUSE OF DEATH

N. Y.

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Mitral Stenosis

DUE TO

(C) Rheumatic Heart Disease

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

11-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Bnai Jacob Congregation

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 19 1952

REGISTRAR'S SIGNATURE Herring Run 25

Huntington Williams, M.D. Sol. Levinson + Bros - 1124-26 W.

ADDRESS

North Avenue

V S 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10531

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10531

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Ruzicka

2. DATE
OF
DEATH

Nov. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural give location)

5803 Roland Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
JOHNS HOPKINS HOSPITAL ADDRESS

18.

422.1 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

? Pulm on aq em to lorn

INTERVAL BETWEEN
ONSET AND DEATH

Dis tant on aq

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Arterio sclerotic Cardiovascular Disease Unknown

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

NONE

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11-4-1952 to 11-17-1952 that I last saw the
deceased alive on 11-17-1952 and that death occurred at 4:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/17/52

24A. BURIAL, CREMA-
TION, AUTOPSY (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1952

Huntington Williams

4905 York Rd

VS 150

520 05580523

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly supplied. The
correctness of the information is very important. Physicians: please write the causes of death clearly and

1830 30

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10532
Registered No.

BIRTH NO. 52-26835

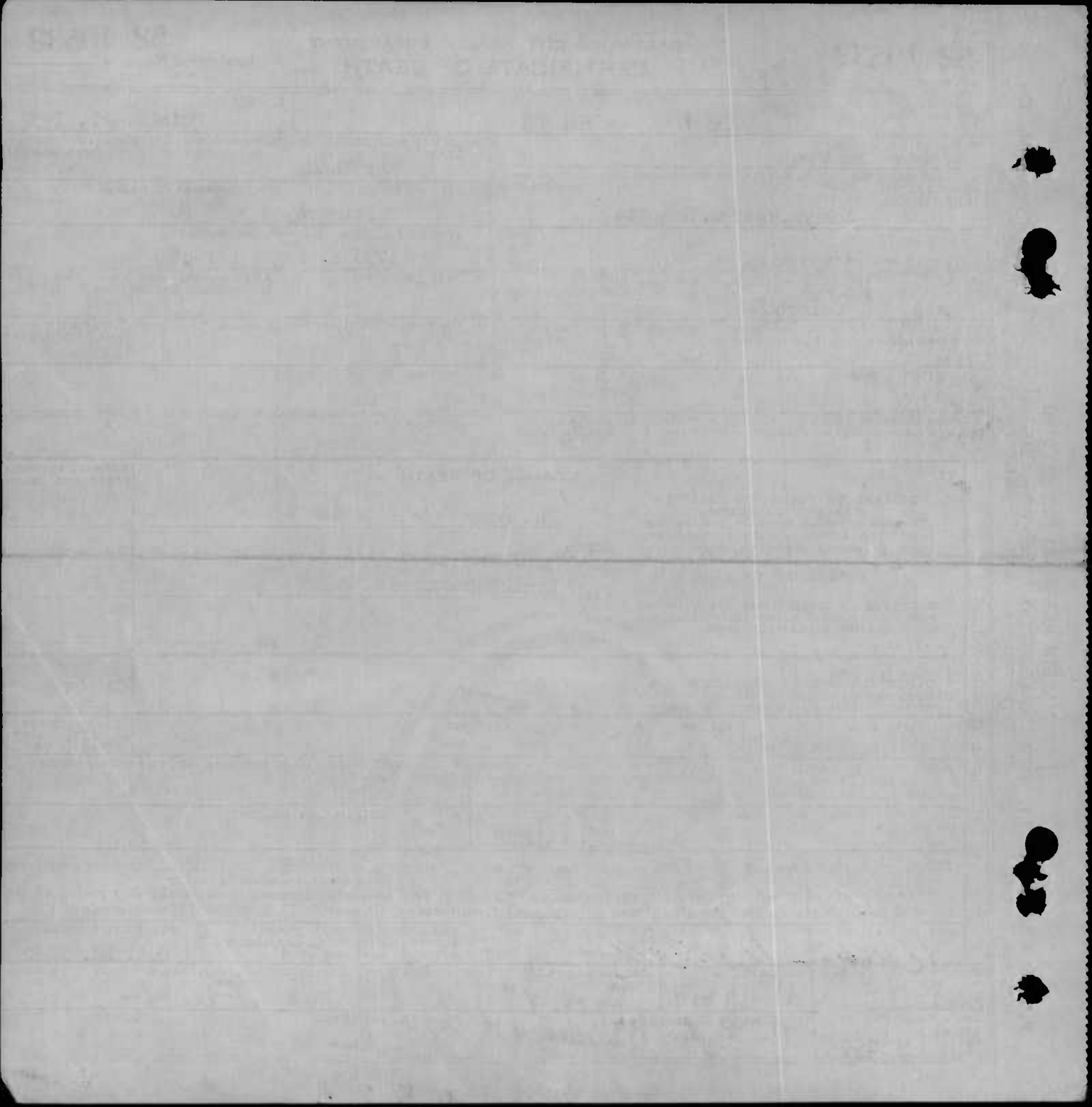
1. NAME OF DECEASED (Type or Print) BABY Boy HARPER		2. DATE OF DEATH October 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1730 E. Eager Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH U
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	9B. KIND OF BUSINESS OR INDUSTRY K	9. AGE (In years last birthday) 1	10. If Under 1 Year Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) K		12. CITIZEN OF WHAT COUNTRY? ✓	
13. FATHER'S NAME N		14. MOTHER'S MAIDEN NAME O	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. N	
17. INFORMANT N		ADDRESS	

MEDICAL CERTIFICATION

18. 762.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary atelectasis (A) MOXTO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bronchopneumonia (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE William V. Smith	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Oct. 28, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) cremation	24B. DATE 11-17-52	24C. NAME OF CEMETERY OR CREMATORY City Morgue	24D. LOCATION (City, town, or county) (State) 700 Fleetst.
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR R. B. Fisher	



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

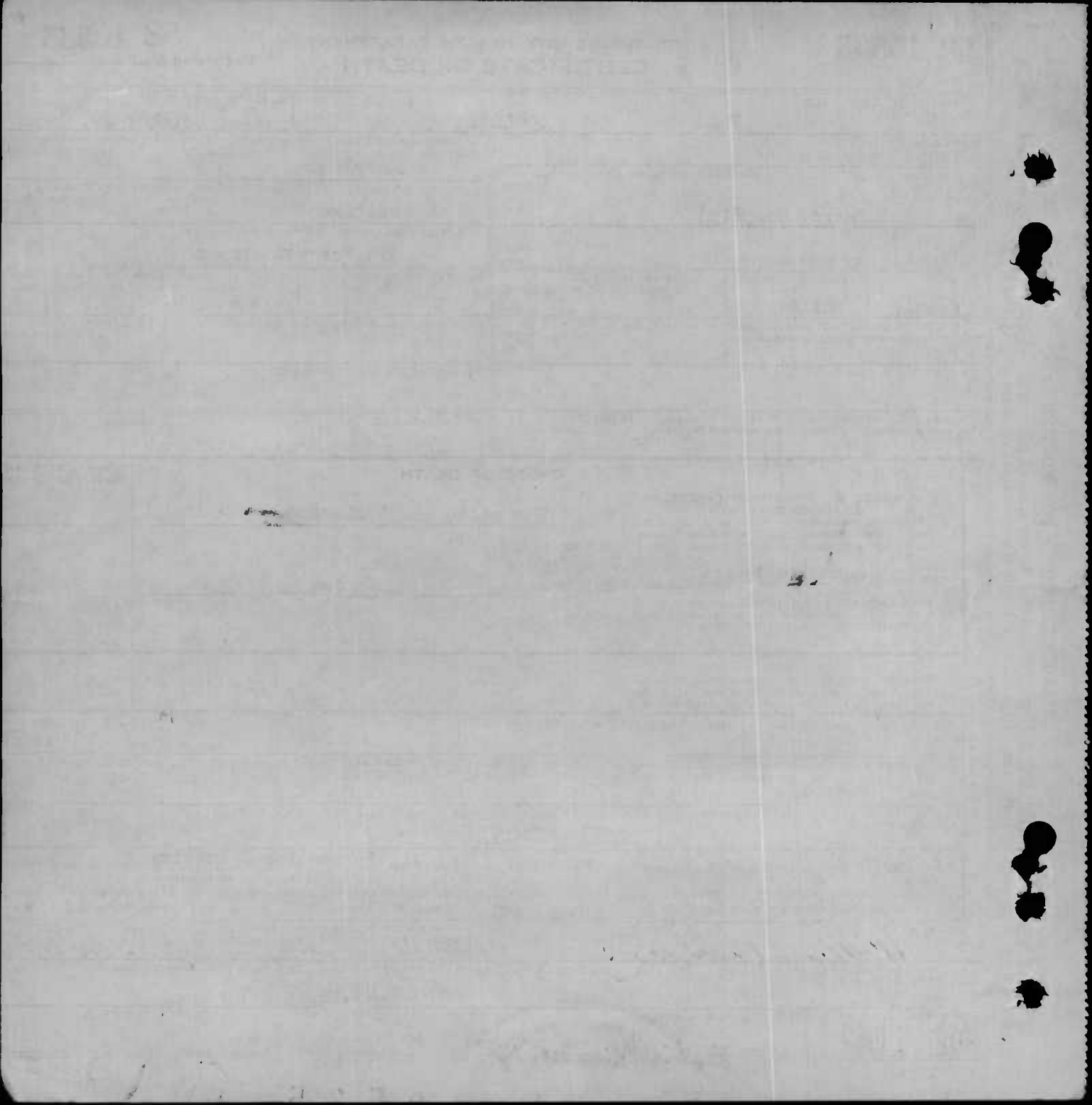
C-421
52 10533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10533
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		FRANCES GOOLSBY		October 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location)			A. STATE Maryland		
Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 376 Forrest Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) N	8. DATE OF BIRTH U	9. AGE (In years last birthday) 40	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
		10B. KIND OF BUSINESS OR INDUSTRY N	11. BIRTHPLACE (State or foreign country) K		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME O W			14. MOTHER'S MAIDEN NAME O		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
			N		

18. 416X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic heart disease (A) RHEUMATIC HEART DISEASE DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William Williams</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D.	23C. DATE SIGNED Oct. 30, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL
24D. LOCATION (City, town, or county)		24E. ADDRESS
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1952		25. FUNERAL DIRECTOR Huntington Williams, M.D.
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-450
52 10534BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10534
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES

GLENN

2. DATE
OF
DEATH

October 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Franklin Square Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

19-02

D. STREET ADDRESS (If rural, give location)

No Home

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

71

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

N

17. INFORMANT W

N

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21a. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Oct. 30, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL NOV 17 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

0520

1891 52

RECEIVED BY THE
NATIONAL ARCHIVES

1891 52



52 10535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10535

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elisabeth Sophia Thies Meyer

2. DATE
OF
DEATH

Nov-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2122 Chelsea Ter

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. B. COUNTY Baltimore City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

at home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-09

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2122 Chelsea Terrace

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec/24/1871

9. AGE (In years
last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Henry Thies

14. MOTHER'S MAIDEN NAME

Elisabeth Gluck

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

NO

17. INFORMANT

Miss Freda C. Thies-3006 Chas. St.

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Cardiac failure

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

(C) Myocardial degeneration

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1950 to 11-17-1952, that I last saw the
deceased alive on 11-17-1952, and that death occurred at 5 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Dorothy H. Warner

23B. ADDRESS

2604 Garrison Bldg.

23C. DATE SIGNED

11-18-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1952

Huntington Williams, Jr.

Stewart/Morris - 1081 North

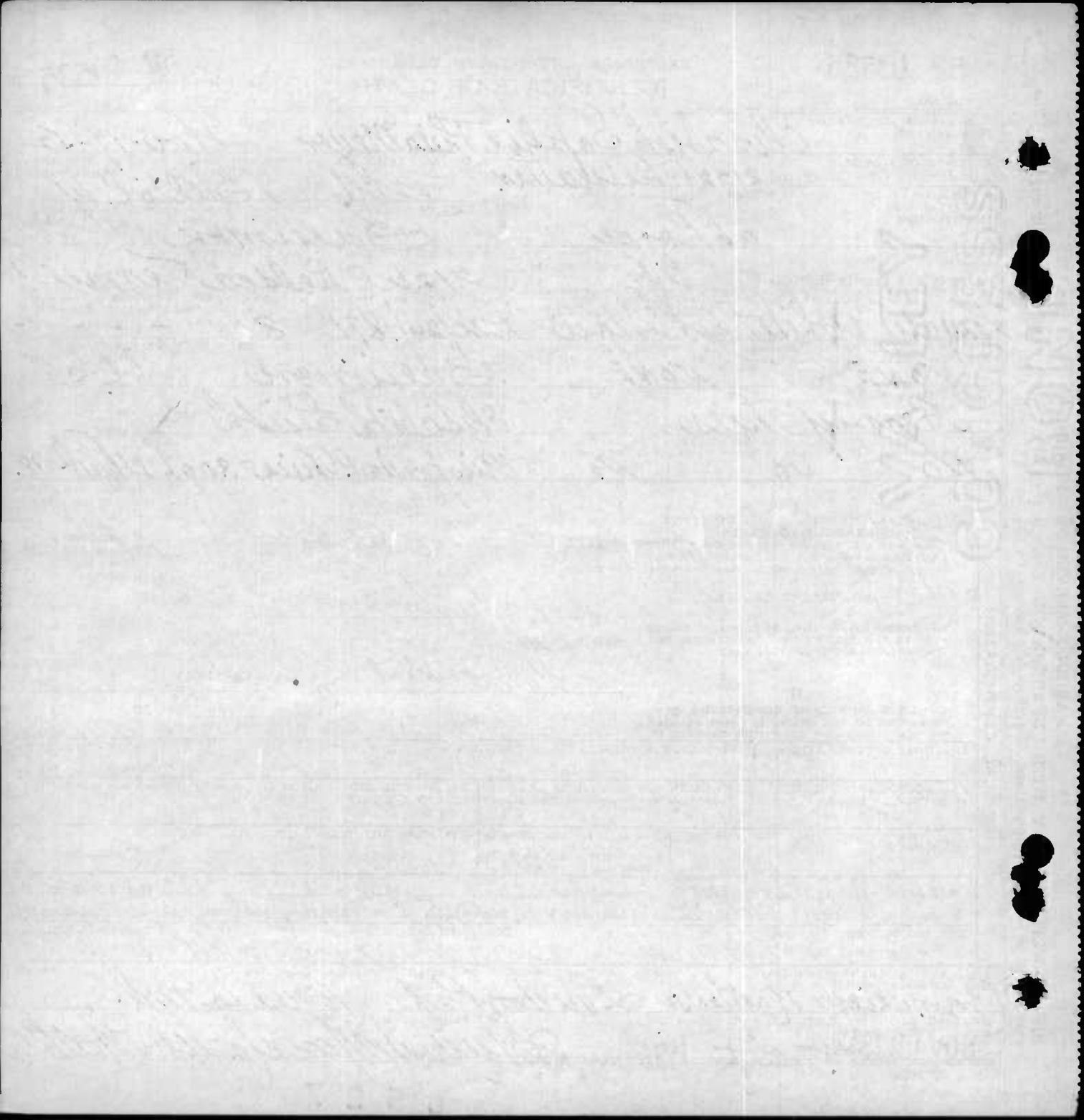
1081 North

VS 150

52 10527

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be fully supplied. The
correct age is extremely important. Physicians: please write the causes of death clearly and



52 10536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vernon H. Harding

2. DATE
OF
DEATH

Nov. 18-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-36

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

1215 Wohler Way

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11-6-13

9. AGE (In years last birthday)

39

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR INDUSTRY

DIAMOND CAB CO.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

SWANN HARDING

14. MOTHER'S MAIDEN NAME

ELIZA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

217-01-6679

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Empyema

DUE TO

4 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Broncho-pneumal fistula
(C) Pulmonary Tuberculosis

DUE TO

4 mo

3 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

July 1952

19B. MAJOR FINDINGS OF OPERATION

Tuberculosis

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17, 1952, to 10-18, 1952, that I last saw the deceased alive on 10-18, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11/22/52

24C. NAME OF CEMETERY OR CREMATORY

LONDON PARK

24D. LOCATION (City, town, or county) (State)

BALTIMORE MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

NOV 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc., 1217 ST. PAUL STREET

ADDRESS

VS 150

52682540520

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be fully secured. The cause of death is particularly important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

STATEMENT OF INMATE DEPARTMENT
CERTIFICATE OF DEATH

NAME	LAST	FIRST	MIDDLE
DATE OF BIRTH			
PLACE OF BIRTH			
EDUCATION			
OCCUPATION			
REASON FOR CONFINEMENT			
DATE OF DEATH			
PLACE OF DEATH			
CAUSE OF DEATH			
SIGNATURE OF PHYSICIAN			
SIGNATURE OF CHAPLAIN			
SIGNATURE OF WARDEN			
SIGNATURE OF INMATE			

SADIE C. BADEN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10537

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sadie C Baden

2. DATE
OF
DEATH

11-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

815- Pennsylvania Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

17-01

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

815- Pennsylvania Ave.

5. SEX

Female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 17, 1900

9. AGE (in years)

52

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Maid

10B. KIND OF BUSINESS OR

INDUSTRY

Armistead Hotel

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF

WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Thomas Baden

14. MOTHER'S MAIDEN NAME

Bertha ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Annie Tracy-501- Penna. Ave.

18. 334X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Apoplexy &
Paralysis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1 - 1952 to 11/17, 1952 that I last saw the
deceased alive on 11/16, 1952 and that death occurred at 5 AM., from the causes and on the date stated above.

23A. SIGNATURE

B M Rhella 82

23B. ADDRESS

2134 D Hill Ln

23C. DATE SIGNED

11/17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/20/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

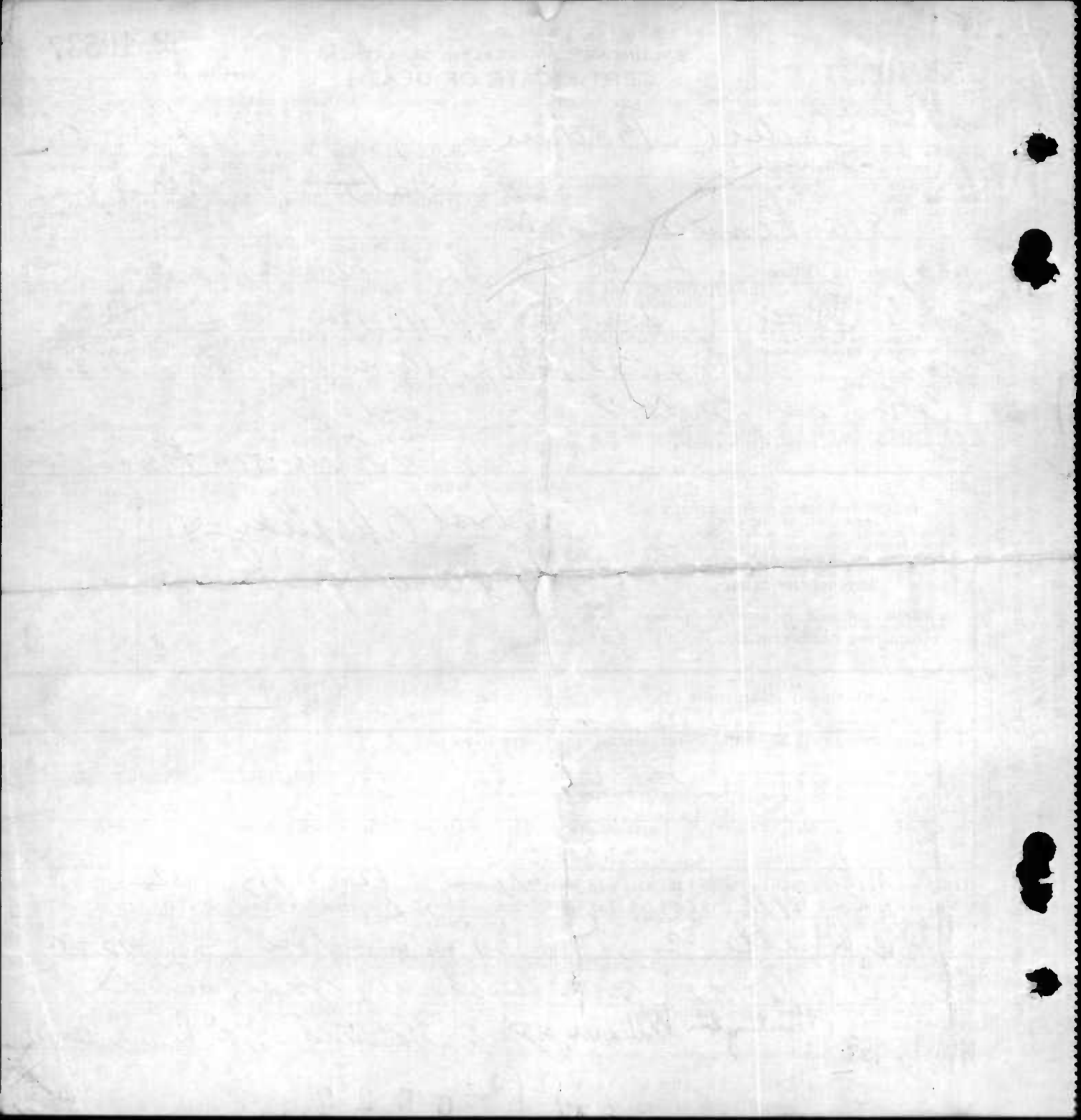
A. Halstead - 918 - Fruit St. Steeple

NOV 19 1952

VS 150

7908B

0522



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10538
Registered No.

52 10538

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN J. COPPINGER

2. DATE
OF
DEATH

Nov. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-06

D. STREET ADDRESS (If rural, give location)

2902 Bayonne Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 7-1901

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Acty - Treasurer, Balt. & Y. Exp.

10B. KIND OF BUSINESS OR
INDUSTRY

Baltimore, Md.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter A. Coppinger

14. MOTHER'S MAIDEN NAME

Mary L. Lyons

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Elizabeth Coppinger

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. G. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 18, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

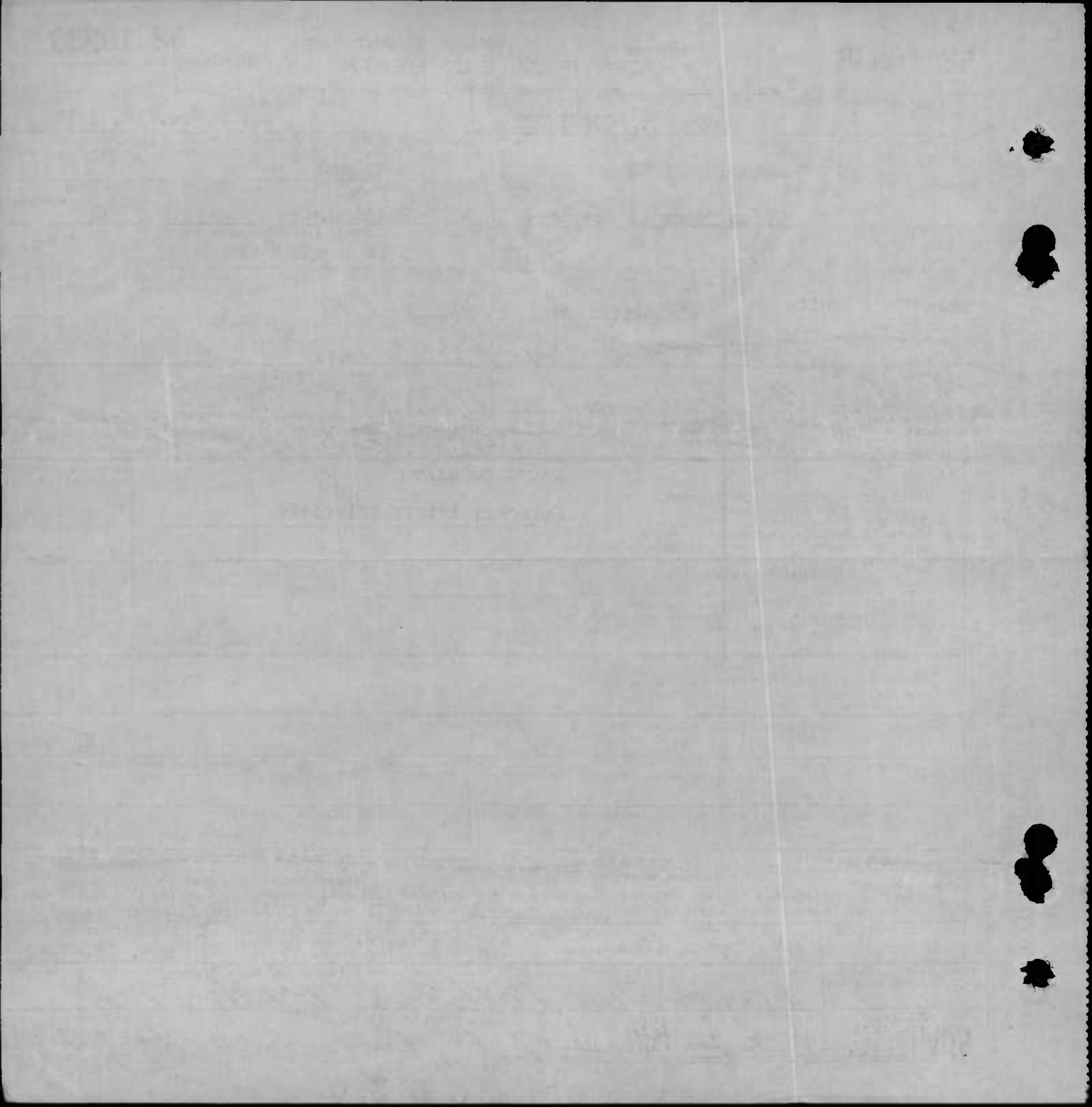
25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1952

Huntington Williams, M.D.

J. Ruck 5305 Harford Rd.



5-365
52 10539BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10539
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillian Stronski (Or) Leokadja Stronski

2. DATE
OF
DEATH

Nov, 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 721 South Ann Street

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

At Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 31

2-03

D. STREET ADDRESS (If rural, give location)

721 South Ann Street

c. Length of stay in Baltimore

31 Years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 19, 1896 ?

9. AGE (In years)

56 ?

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Constantine Owsik

14. MOTHER'S MAIDEN NAME

Julianna Pfaifer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Adolf Stronski 721 South Ann Street

18. 414X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocarditis

Jan 10 1949

DUE TO

Rheumatic endocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension

1949

DUE TO

Arteriosclerosis

1949

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1949, to Nov 17, 1952, that I last saw the deceased alive on Nov 17, 1952, and that death occurred at 1230 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. P. Pfaifer

M. D.

23B. ADDRESS

3426 Bond St

23C. DATE SIGNED

11/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov, 21-1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

German Hill Rd, Balto, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

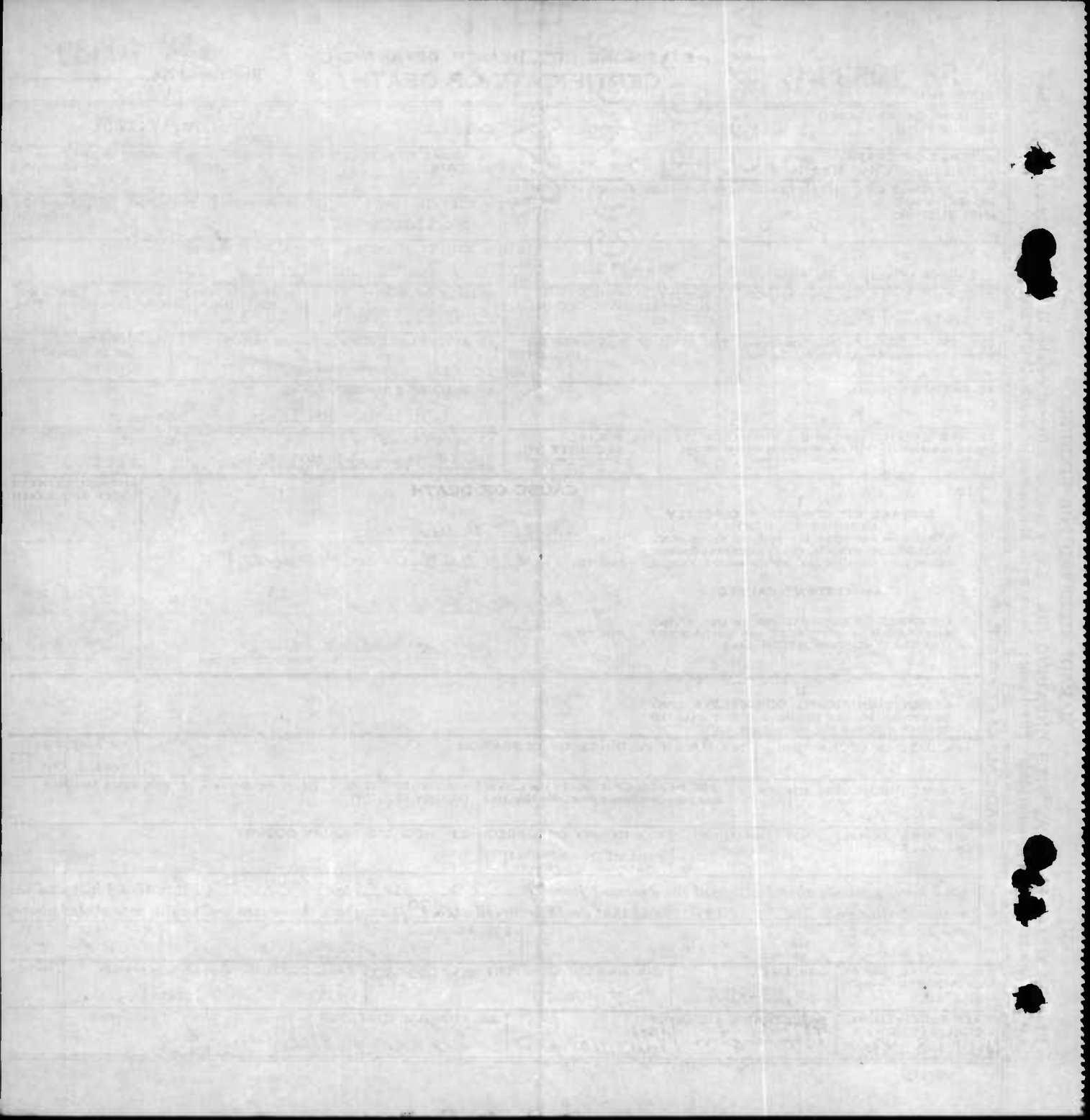
25. FUNERAL DIRECTOR

ADDRESS

George A. Weber 705 So. Ann St

VS 150

1952 10 10 10 10 10 10



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **52 10540**BIRTH NO. **52 10540 50-10047**1. NAME OF DECEASED
(Type or Print)*Gregory Dwight Parham*2. DATE
OF
DEATH*11/16/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*Provident Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balto**14-03*

D. STREET ADDRESS (If rural, give location)

535 Cumberland St

c. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5/22/50

9. AGE (In years last birthday)

2

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

child

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William Parham

14. MOTHER'S MAIDEN NAME

Edna Rollins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no or unknown)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Wm Parham 535 Cumberland St

ADDRESS

18. *E917.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CERTIFICATION APPROVED BY

R. R. Fisher
CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN ONSET AND DEATH

1st, 2nd + 3rd Degree Burns 2 dys.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

accident

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

535 Cumberland St. 14/3

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

11-14-52 6:00 pm.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

*patient fell in tub of hot water*22. I hereby certify that I attended the deceased from *11/14/*, 19*52*, to *11/16/*, 19*52*, that I last saw the deceased alive on *11/16/*, 19*52*, and that death occurred at *10:50 pm.*, from the causes and on the date stated above.

23A. SIGNATURE

Sam N. Fisher

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

11/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/20/52

24C. NAME OF CEMETERY OR CREMATORY

Int Auburn

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Geo. H. Kelson 1303

ADDRESS

28 10810

STATE OF NEW YORK

CERTIFICATE OF DEATH

1910

2

1

2

NEW YORK

IN SENATE
JANUARY 10, 1911
REPORT OF THE
COMMISSIONER OF HEALTH
ON THE
DEATHS IN NEW YORK CITY
DURING THE YEAR 1910

1911

U

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10541**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**DENNIS PETREE**2. DATE
OF
DEATH **Nov. 12, 1952**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Maryland** B. COUNTY **15-01**B. FULL NAME OF HOSPITAL OR INSTITUTION
Baltimore City MorgueC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimorec. Length of stay in Baltimore
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)
1449 N. Parrish Street

5. SEX

male

6. COLOR OR RACE

colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
?

8. DATE OF BIRTH

1/27/19049. AGE (In years
last birthday)**48**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Laborer**10B. KIND OF BUSINESS OR
INDUSTRY**Construction**

11. BIRTHPLACE (State or foreign country)

? M. C.12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

Roland Petree

14. MOTHER'S MAIDEN NAME

Colombia Davis15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**yes****WW#2**16. SOCIAL
SECURITY NO.**240-18-9428**

17. INFORMANT

ADDRESS

Dora Wooden 1320 Fremont Ave.18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Hypertensive and arteriosclerotic
cardiovascular disease**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Nov. 12, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

11/19/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. Nat.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. S. Kelson

1401 20

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1401





**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10543
Registered No.

230
52 10543
BIRTH NO.

1. NAME OF DECEASED (Type or Print) OTIS Duckett			2. DATE OF DEATH 11-17-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland 640 W. Fayette St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 640 W. Fayette St. Balto Md			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. City 4-02		
D. STREET ADDRESS (If rural, give location) 640 W. Fayette St			E. CITY OR TOWN (If rural, give location)		
c. Length of stay in Baltimore 20 Yrs			D. STREET ADDRESS (If rural, give location)		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-22-1931		9. AGE (In years last birthday) 21
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tractor operator		10B. KIND OF BUSINESS OR INDUSTRY B + O Rail Road	11. BIRTHPLACE (State or foreign country) N. Jersey		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME P			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO.	17. INFORMANT Duckett ADDRESS 640 W Fayette St Maudie Robinson		

18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis			CAUSE OF DEATH Myocarditis			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Nephritis			DUE TO Nephritis			
			DUE TO Hypertension			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10-29, 1952 to 11-17, 1952 , that I last saw the deceased alive on 11-17, 1952 and that death occurred at 6:34 Pm. , from the causes and on the date stated above.						
23A. SIGNATURE George A. Adams		23B. ADDRESS 2327 W. North Ave.		23C. DATE SIGNED 11-19-52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-25-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. A. Jackson		ADDRESS 916 Penna. Ave.

VS 150

1956 683 50

0535

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The cause of death is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10544**BIRTH NO. **52 10544**

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
REV. ERNST SCHNEPPE		11/18/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3909 PENNINGTON AVENUE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 120		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore Yrs. 25 Mos. 05 Days		D. STREET ADDRESS (If rural, give location) 3909 PENNINGTON AVENUE	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 2/18/1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER		10B. KIND OF BUSINESS OR INDUSTRY ST. PAUL'S CH.	9. AGE (In years last birthday) 64
11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JOHN		14. MOTHER'S MAIDEN NAME BERTHA RUBBEL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT FAMILY - SAME		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion (A) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular Disease (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 1 week 4 yrs.
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June , 19 48 , to November , 19 52 , that I last saw the deceased alive on 11-18 , 19 52 , and that death occurred at 12:02 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE P. J. Annibaldi		23B. ADDRESS 4609 Gov. Ritchie Hwy	
23C. DATE SIGNED 11-19-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 11/21/52	
24C. NAME OF CEMETERY OR CREMATORY CEDAR HILL		24D. LOCATION (City, town, or county) (State) BALTIMORE	
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR JAMES L. MCCULLY - 130 EAST FORT AVENUE		ADDRESS	

VS 150

1952009FW

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10545

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTHONY J. MARTIN

2. DATE
OF
DEATH

Nov. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2615 W. FAIRMOUNT AVE.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

20-00

D. STREET ADDRESS (If rural, give location)

2615 W. FAIRMOUNT AVE.

c. Length of stay in Baltimore

LIFE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 18, 1889

9. AGE (in years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CONFECTIONERY

10B. KIND OF BUSINESS OR INDUSTRY

RETAIL

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

220-30-4402

17. INFORMANT

DOROTHY MARTIN

ADDRESS

2615 W. FAIRMOUNT AVE

18. 592X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Several

years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic nephritis, cause undetermined

DUE TO

(C) Terminal pneumonia

5 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

No injury.

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 30, 1952, to Nov. 17, 1952, that I last saw the deceased alive on Nov. 17, 1952 and that death occurred at 6 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Gagnier

23B. ADDRESS

11 E. Chase St., Balto. 2, Md.

23C. DATE SIGNED

11-19-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11/21/52

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEGEMER

24D. LOCATION (City, town, or county)

BELAIR RD.

(State)

MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

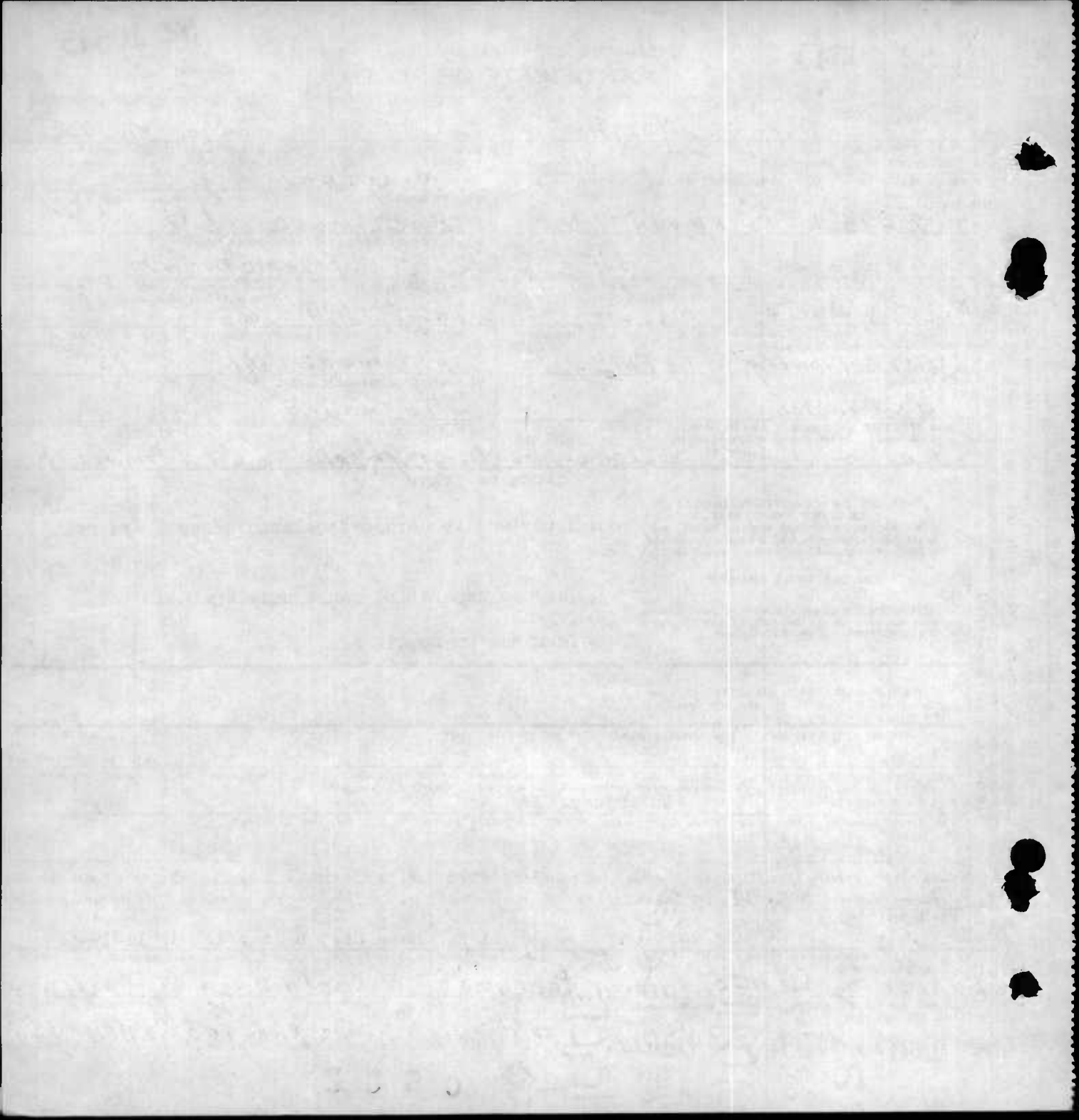
ADDRESS

Huntington Williams, MD

Charles W. Kachauskas 703 McHENRY ST.

NOV 19 1952

1 9 5 2 0 2 9 0 6 0 5 3 7



N-550
52-10546BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52-10546

1. NAME OF DECEASED (Type or Print) JAMES NEWMAN		2. DATE OF DEATH Nov. 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 527 Dolphin Street			
c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 23, 1911
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen	9. AGE (In years last birthday) 40
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles F. Newman		14. MOTHER'S MAIDEN NAME Genevive Milburn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT Genevive Newman		ADDRESS 527 Dolphin St.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary artery sclerosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

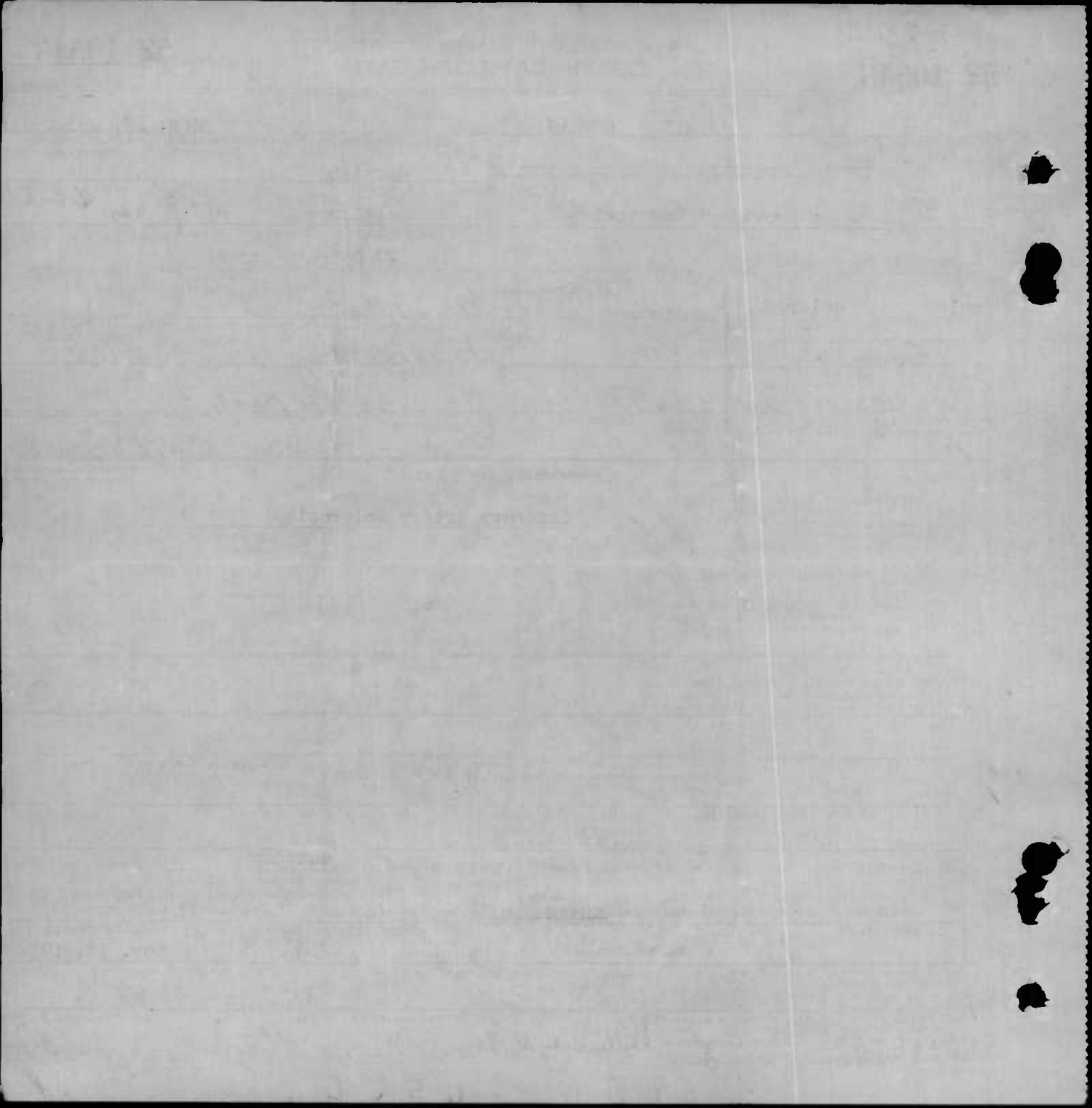
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE R. F. Fisher M.D.	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Nov. 18, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/21/1952	24C. NAME OF CEMETERY OR CREMATORY W. T. Culbourn Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1952		25. FUNERAL DIRECTOR Huntington Williams, M.D. Mrs. Kate R. Williams Schroeder	

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



M 52635
10547BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10547

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

MORTON

2. DATE
OF
DEATH

November 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

600 W. Mulberry Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 10, 1979

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Steel Plant

11. BIRTHPLACE (State or foreign country)

Farmville Va

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Morton

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Conie Smith 86 W Fayette St

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wood

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Nov. 4, 195224A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1952

Huntington Williams, M.D.

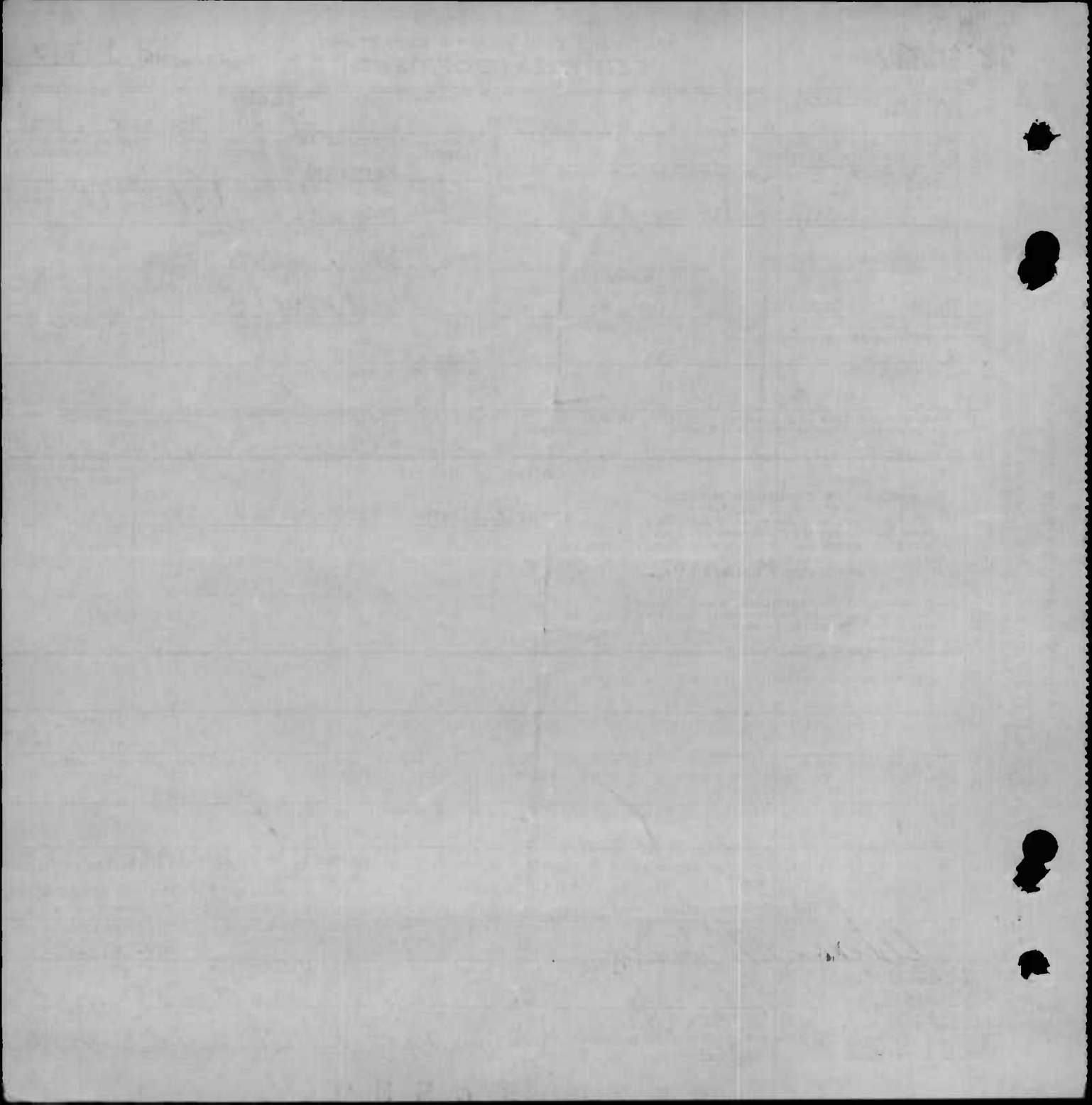
Mrs. Kate R. Williams Schrock St

VS 151

97034530

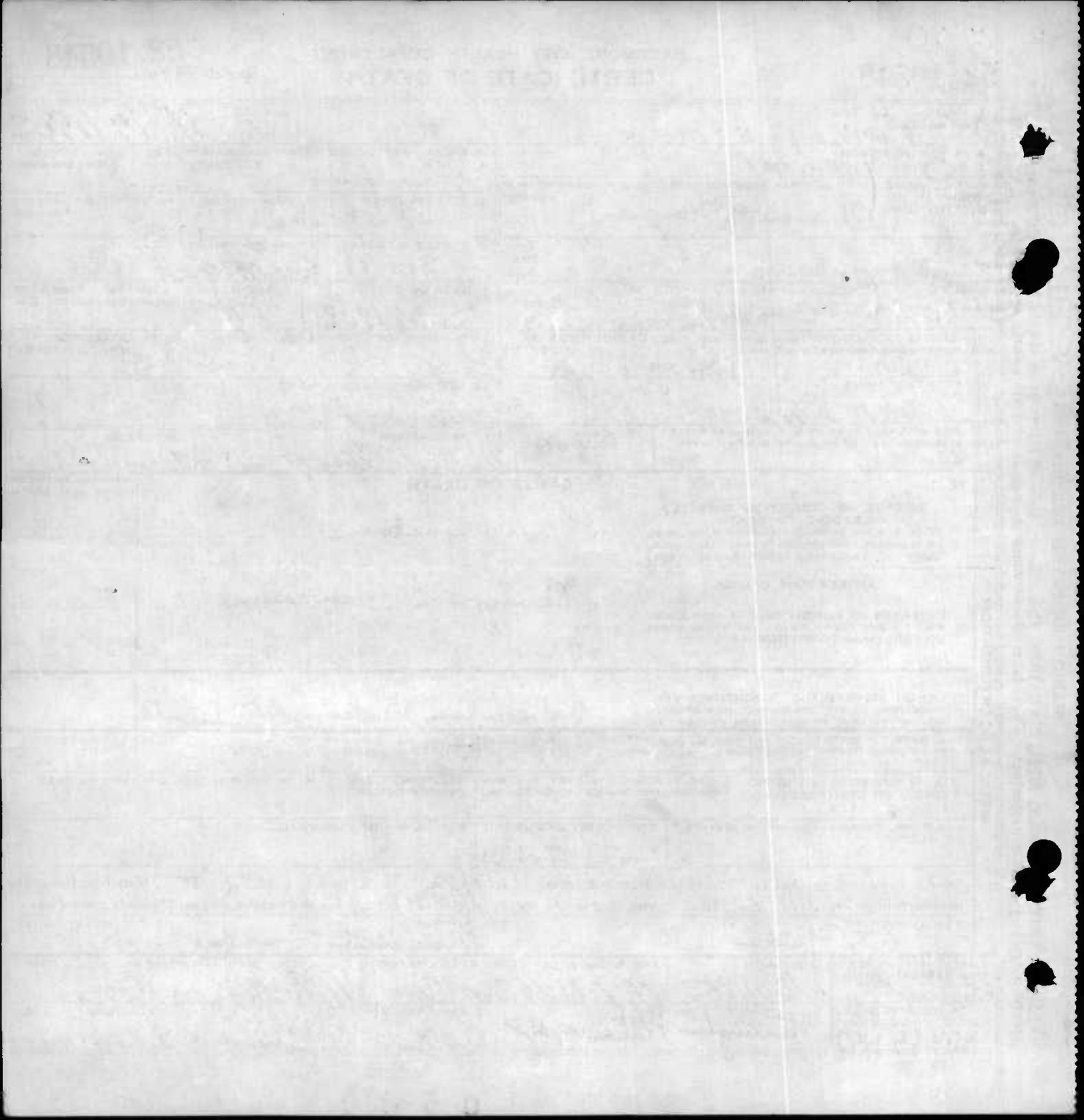
MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10548
Registered No.500
52 10548
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FINNEY, ELMER			2. DATE OF DEATH 11/17/1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 315 N. Fremont Ave.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married (sop)	8. DATE OF BIRTH JAN. 29, 1902		9. AGE (In years last birthday) 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Bal'to. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Isiah Finney			14. MOTHER'S MAIDEN NAME Malinda Phillip		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Malinda Finney ADDRESS 315 N. Fremont Ave.		
18. 145X and 012.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
ANTECEDENT CAUSES			(A) Carcinomatosis		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Carcinoma; oesophagus		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Tuberculosis Osteomyelitis; Malignant		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/17/52 , 19__, to 11/17/52 , 19__, that I last saw the deceased alive on 11/17/52 , 19__, and that death occurred at 10:30 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE J. Muldberger		23B. ADDRESS University Hospital		23C. DATE, SIGNED 11/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/20/1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	
24D. LOCATION (City, town, or county) Mt. Auburn Cem.		24E. LOCATION (State)		25. FUNERAL DIRECTOR Mrs. Katie R. Williams ADDRESS 322 N. Schenck St.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 322 N. Schenck St.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

523
52 10549BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10549
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Warner Standish Constantine

2. DATE
OF
DEATH

Nov. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3802 Primrose Ave.,

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

3802 Primrose Ave.,

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH

March 10, 1876

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Retired Bricklayer10B. KIND OF BUSINESS OR
INDUSTRY
Gen. Contracting

11. BIRTHPLACE (State or foreign country)

Balto. Co., Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Edward Constantine

14. MOTHER'S MAIDEN NAME

Sue Uhler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
220-07-912817. INFORMANT ADDRESS
Mr. A. Constantine, 3802 Primrose Ave.,

18.

442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 days

Years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1952 to Nov. 18, 1952, that I last saw the
deceased alive on Nov. 18, 1952, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Louis R. Maen

23B. ADDRESS

4335 Park Heights Ave., Nov. 1952

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Nov. 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn,

24D. LOCATION (City, town, or county)

Woodlawn, Balto. Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. P. Korman, 4611 Park Heights Ave.

ADDRESS

VS 150

1952 010541

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VETERANS AFFAIRS
OFFICE OF THE ASSISTANT SECRETARY
WASHINGTON, D. C. 20420

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

DATE OF INTERVIEW

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

NAME OF SIGNER

NAME OF SIGNER

NAME OF SIGNER

NAME OF SIGNER

NAME OF SIGNER

NAME OF SIGNER

NAME OF SIGNER

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NAME OF SIGNER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10550**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MINNIE L. HUARD

2. DATE
OF
DEATH

NOVEMBER 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Lutheran Hosp. of Md**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION
Lutheran Hospital of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

46 **30** Yrs
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5116 Cordelia Ave

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

March 23, 1870

9. AGE (In years last birthday)

82

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

(unemployed) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank H. Cross,

14. MOTHER'S MAIDEN NAME

Mary A. Howell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Florence M. Bush (daughter)

18. **E903.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

URINARY TRACT Infection

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Fracture of left hip

1 month

DUE TO

Fall at Home

CERTIFICATION APPROVED BY

1 month

(C)

Senility

CHIEF OR ASST. MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

Accidental Fall

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

At Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

5116 Cordelia Ave, Baltimore City

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

October 19, '52 2 P.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Accidental Fall to floor

22. I hereby certify that I attended the deceased from **October 19, 1952**, to **Nov. 18, 1952** that I last saw the deceased alive on **Nov 17, 1952**, and that death occurred at **11 A.** m., from the causes and on the date stated above.

23A. SIGNATURE

W.D. Rossion M.D.

23B. ADDRESS

118 Denison St. Balt. Md.

23C. DATE SIGNED

Nov. 18 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Vernon Lemmon 4611 Park Heights Ave.

ADDRESS

VS 150

N 820.0

19520010542

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

25 00780

CERTIFICATE OF DEATH

12-27-2000

Name of Deceased		Date of Birth	
Sex		Race	
Marital Status		Place of Birth	
Date of Death		Time of Death	
Cause of Death		Place of Death	
Physician's Signature		Physician's Title	
Physician's Address		Physician's Phone	
Physician's License No.		Physician's State	
Physician's Signature		Physician's Title	
Physician's Address		Physician's Phone	
Physician's License No.		Physician's State	
Physician's Signature		Physician's Title	
Physician's Address		Physician's Phone	
Physician's License No.		Physician's State	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10551**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN HELINE

2. DATE
OF
DEATH

Nov. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

824 E. 22nd Street

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1909

9. AGE (In years last birthday)

43

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRINTER

10B. KIND OF BUSINESS OR INDUSTRY

OWN

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

MARSHALL

HELINE

14. MOTHER'S MAIDEN NAME

131

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

MRS. HELEN D. HELINE

ADDRESS

18. **4-2-1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER..... ☒

ASSISTANT MEDICAL EXAMINER..... ☐

23C. DATE SIGNED

Nov. 18, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11-20-52

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

CITY

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

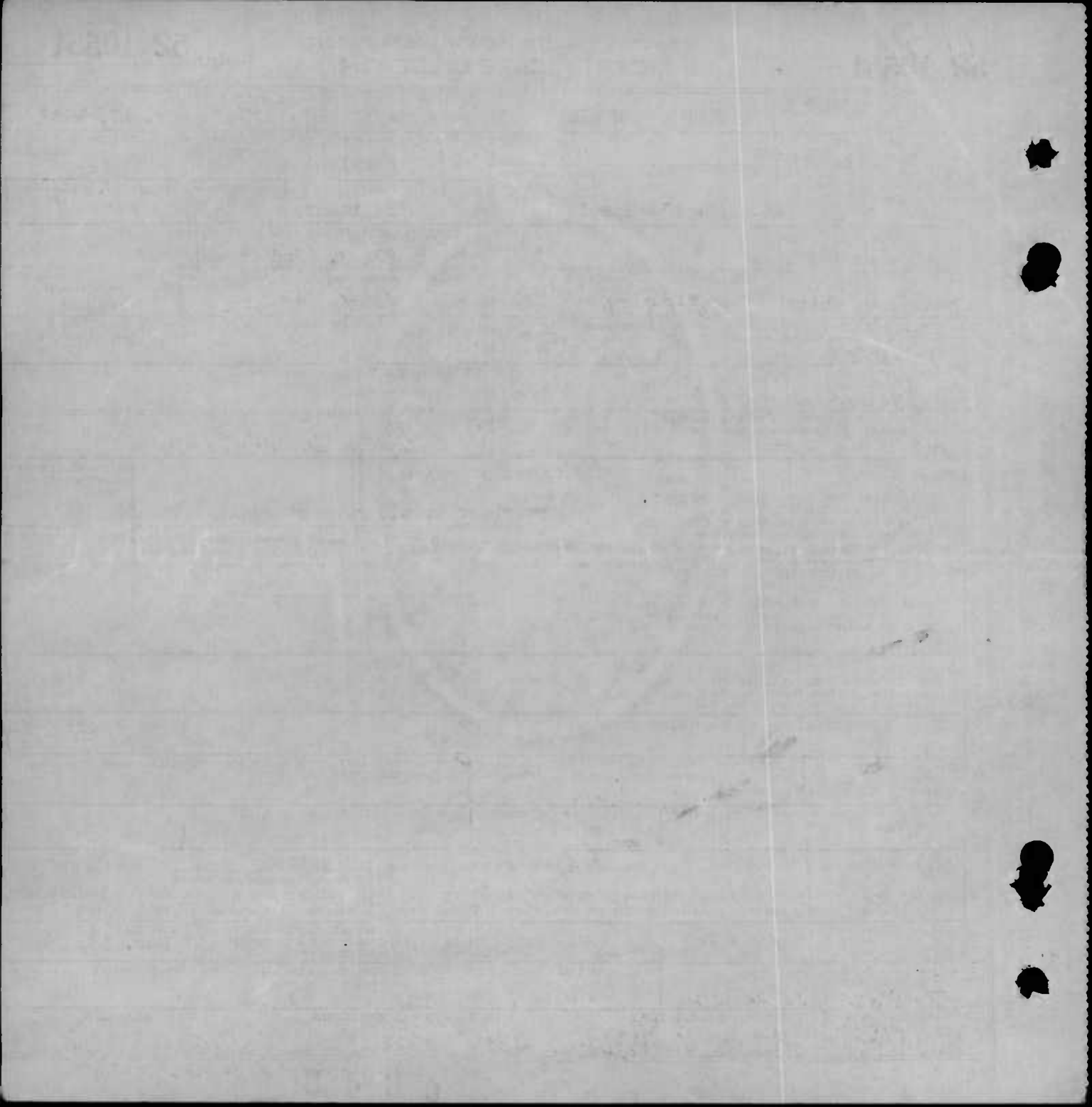
Shelby & Son

ADDRESS

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10552**

BIRTH NO. **52 10552**

1. NAME OF DECEASED (Type or Print) <i>Martha Mae Douglas</i>		2. DATE OF DEATH <i>Nov. 17, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>4639 Falls Road</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-14</i>	
c. Length of stay in Baltimore <i>49 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>4639 Falls Road</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 3, 1883</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Prospect, Va</i>
13. FATHER'S NAME <i>Tasandras Street</i>		14. MOTHER'S MAIDEN NAME <i>Martha Mae Price</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No.</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mr. Parker B. Douglas</i>	
18. <i>260X</i>		19. <i>4639 Falls Road</i>	

18. <i>260X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cardio-vascular Decl</i>		<i>3 mos.</i>
ANTECEDENT CAUSES		(B) <i>Diabetes Mellitus &</i>		<i>2 yrs +</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Arteriosclerosis</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>July 1952</i> , to <i>Nov 17, 1952</i> , that I last saw the deceased alive on <i>Nov 17, 1952</i> , and that death occurred at <i>11:20 a.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>I Braden M. Higgins</i>	23B. ADDRESS <i>2243 Madison Ave</i>	23C. DATE SIGNED <i>11-14-52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov. 19, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Sulphur Spring</i>	24D. LOCATION (City, town, or county) (State) <i>Prospect, Edward C. V</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 19 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Clarendon Funeral Home</i>		
ADDRESS <i>1631 Druid Hill Ave.</i>				

VS 150

1 9 5 2 0 0 1 0 5 4 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be correct age is essential. Physicians: please write the causes of death clearly and fully.

18 1895

CERTIFICATE OF DEATH

1895

CERTIFICATE OF DEATH

James A. Smith
Died at his residence
on the 10th day of
January 1895

CAUSE OF DEATH

AGE

SEX

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

10th day of January 1895

at his residence

James A. Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 10553**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Joseph Loughrey

2. DATE
OF
DEATH

Nov. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE New York, New York B. COUNTY V-29

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR U.S. Public Health Service location) INSTITUTION

Hospital, Baltimore, Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

New York

D. STREET ADDRESS (If rural, give location)

550 West 20th Street

C. Length of stay in Baltimore

about 16

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Apr. 17, 1896

9. AGE (In years
last birthday)

56

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

2nd butcher

10B. KIND OF BUSINESS OR
INDUSTRY

seafarer

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Matthew Loughrey

14. MOTHER'S MAIDEN NAME

Margaret Cosgrove

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

263-24-6400

17. INFORMANT

ADDRESS

Records Dept., USPHS Hospital, Balto., Md.

18. 022X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Embolus to right internal carotid
artery, post-operative state

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Syphilitic aortitis

unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov. 14, 1952

19B. MAJOR FINDINGS OF OPERATION

Aneurysm of ascending aorta

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 30, 1952, to Nov. 15, 1952, that I last saw the
deceased alive on Nov. 15, 1952, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James A. Hunter, Jr., Clinical Director

23B. ADDRESS

U.S. Public Health
Service Hospital, Balto., Md.

23C. DATE SIGNED

11/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1952

Huntington Williams, M.D.

2503

address

VS 150

105644550548

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1915

1. Name of Deceased		2. Sex		3. Age	
4. Date of Birth		5. Date of Death		6. Place of Birth	
7. Usual Residence		8. Cause of Death		9. Duration of Illness	
10. Occupation		11. Signature of Physician		12. Signature of Registrar	
13. Name of Hospital		14. Name of Doctor		15. Name of Nurse	
16. Name of Undertaker		17. Name of Burial Place		18. Name of Cemetery	
19. Name of Funeral Home		20. Name of Minister		21. Name of Pastor	
22. Name of Chaplain		23. Name of Musician		24. Name of Organist	
25. Name of Cantor		26. Name of Soloist		27. Name of Choir	
28. Name of Orchestra		29. Name of Band		30. Name of Orchestra	
31. Name of Band		32. Name of Orchestra		33. Name of Band	
34. Name of Orchestra		35. Name of Band		36. Name of Orchestra	
37. Name of Band		38. Name of Orchestra		39. Name of Band	
40. Name of Orchestra		41. Name of Band		42. Name of Orchestra	
43. Name of Band		44. Name of Orchestra		45. Name of Band	
46. Name of Orchestra		47. Name of Band		48. Name of Orchestra	
49. Name of Band		50. Name of Orchestra		51. Name of Band	
52. Name of Orchestra		53. Name of Band		54. Name of Orchestra	
55. Name of Band		56. Name of Orchestra		57. Name of Band	
58. Name of Orchestra		59. Name of Band		60. Name of Orchestra	
61. Name of Band		62. Name of Orchestra		63. Name of Band	
64. Name of Orchestra		65. Name of Band		66. Name of Orchestra	
67. Name of Band		68. Name of Orchestra		69. Name of Band	
70. Name of Orchestra		71. Name of Band		72. Name of Orchestra	
73. Name of Band		74. Name of Orchestra		75. Name of Band	
76. Name of Orchestra		77. Name of Band		78. Name of Orchestra	
79. Name of Band		80. Name of Orchestra		81. Name of Band	
82. Name of Orchestra		83. Name of Band		84. Name of Orchestra	
85. Name of Band		86. Name of Orchestra		87. Name of Band	
88. Name of Orchestra		89. Name of Band		90. Name of Orchestra	
91. Name of Band		92. Name of Orchestra		93. Name of Band	
94. Name of Orchestra		95. Name of Band		96. Name of Orchestra	
97. Name of Band		98. Name of Orchestra		99. Name of Band	
100. Name of Orchestra		101. Name of Band		102. Name of Orchestra	

Cause of Death

1. Immediate Cause		2. Intermediate Cause		3. Remote Cause	
4. Duration of Illness		5. Date of Death		6. Place of Death	
7. Usual Residence		8. Occupation		9. Signature of Physician	
10. Signature of Registrar		11. Name of Hospital		12. Name of Doctor	
13. Name of Nurse		14. Name of Undertaker		15. Name of Burial Place	
16. Name of Cemetery		17. Name of Funeral Home		18. Name of Minister	
19. Name of Pastor		20. Name of Chaplain		21. Name of Musician	
22. Name of Organist		23. Name of Cantor		24. Name of Soloist	
25. Name of Choir		26. Name of Orchestra		27. Name of Band	
28. Name of Orchestra		29. Name of Band		30. Name of Orchestra	
31. Name of Band		32. Name of Orchestra		33. Name of Band	
34. Name of Orchestra		35. Name of Band		36. Name of Orchestra	
37. Name of Band		38. Name of Orchestra		39. Name of Band	
40. Name of Orchestra		41. Name of Band		42. Name of Orchestra	
43. Name of Band		44. Name of Orchestra		45. Name of Band	
46. Name of Orchestra		47. Name of Band		48. Name of Orchestra	
49. Name of Band		50. Name of Orchestra		51. Name of Band	
52. Name of Orchestra		53. Name of Band		54. Name of Orchestra	
55. Name of Band		56. Name of Orchestra		57. Name of Band	
58. Name of Orchestra		59. Name of Band		60. Name of Orchestra	
61. Name of Band		62. Name of Orchestra		63. Name of Band	
64. Name of Orchestra		65. Name of Band		66. Name of Orchestra	
67. Name of Band		68. Name of Orchestra		69. Name of Band	
70. Name of Orchestra		71. Name of Band		72. Name of Orchestra	
73. Name of Band		74. Name of Orchestra		75. Name of Band	
76. Name of Orchestra		77. Name of Band		78. Name of Orchestra	
79. Name of Band		80. Name of Orchestra		81. Name of Band	
82. Name of Orchestra		83. Name of Band		84. Name of Orchestra	
85. Name of Band		86. Name of Orchestra		87. Name of Band	
88. Name of Orchestra		89. Name of Band		90. Name of Orchestra	
91. Name of Band		92. Name of Orchestra		93. Name of Band	
94. Name of Orchestra		95. Name of Band		96. Name of Orchestra	
97. Name of Band		98. Name of Orchestra		99. Name of Band	
100. Name of Orchestra		101. Name of Band		102. Name of Orchestra	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10554

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillie Woodland

2. DATE
OF
DEATH

11-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1113 N. Carrollton ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1113. N. Carrollton ave

c. Length of stay in Baltimore

Life

5. SEX

7

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Dec 8, 1884

9. AGE (In years
last birthday)

67

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank Young

14. MOTHER'S MAIDEN NAME

Hattie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ethel Page 1113 N. Carrollton ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary disease of heart

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) myocarditis

18 hrs

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14-1952 to 11-17-1952 that I last saw the
deceased alive on 11-17-1952 and that death occurred at 2:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

John E. J. Camper

23B. ADDRESS

639 N. Carey St. Balto

23C. DATE SIGNED

11-19-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/20/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Balto. Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 19 1952

REGISTRAR'S SIGNATURE

Thurston William

25. FUNERAL DIRECTOR

Les. H. Kelson

ADDRESS

1303

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

639 Carey St

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 10555

BIRTH NO. 52 10555

1. NAME OF DECEASED (Type or Print) <u>Laura Burrell</u>			2. DATE OF DEATH <u>Nov. 18, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 N. Central Ave</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 10-02</u>		
C. Length of stay in Baltimore <u>45 yrs.</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>906 N. Central St.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sept. 28, 1887</u>		9. AGE (In years last birthday) <u>65</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Na.</u>	
13. FATHER'S NAME <u>Enock Price</u>			14. MOTHER'S MAIDEN NAME <u>Mary</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Gillie Burrell</u> ADDRESS <input checked="" type="checkbox"/>	

MEDICAL CERTIFICATION

18. <u>156.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Hepatic Metastatic carcinoma of Lung.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one known over 1 yr.</u>
CAUSE OF DEATH (A) <u>Metastatic carcinoma of Lung.</u> DUE TO		
ANTECEDENT CAUSES (B) _____ DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10 Oct., 1952, to 18 Nov., 1952, that I last saw the deceased alive on 15 Nov., 1952, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE <u>G. C. Burrell</u>	M. D. <u>121 Caisway St</u>	23B. ADDRESS <u>121 Caisway St</u>	23C. DATE SIGNED <u>11-18-52</u>
--	--------------------------------	---------------------------------------	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Nov 22/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>A. A. County, Md.</u>
--	-------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 19 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Mrs. R. H. G. Elliott & Daughter</u>	ADDRESS <u>1129 97th Caroline St</u>
--	---	---	---

VS 150

1952000

1129 97th Caroline St

PLEASE WRITE legibly, with UNFADING INK. Every item of information should be correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Place of death	
6. Cause of death		7. Manner of death		8. Signature of physician		9. Signature of registrar		10. Signature of informant	
11. Name of informant		12. Address of informant		13. City and county		14. State		15. Date of filing	
16. Name of funeral home		17. Address of funeral home		18. City and county		19. State		20. Date of filing	
21. Name of cemetery		22. Address of cemetery		23. City and county		24. State		25. Date of filing	
26. Name of burial place		27. Address of burial place		28. City and county		29. State		30. Date of filing	
31. Name of burial place		32. Address of burial place		33. City and county		34. State		35. Date of filing	
36. Name of burial place		37. Address of burial place		38. City and county		39. State		40. Date of filing	
39. Name of burial place		40. Address of burial place		41. City and county		42. State		43. Date of filing	
40. Name of burial place		41. Address of burial place		42. City and county		43. State		44. Date of filing	
41. Name of burial place		42. Address of burial place		43. City and county		44. State		45. Date of filing	
42. Name of burial place		43. Address of burial place		44. City and county		45. State		46. Date of filing	
43. Name of burial place		44. Address of burial place		45. City and county		46. State		47. Date of filing	
44. Name of burial place		45. Address of burial place		46. City and county		47. State		48. Date of filing	
45. Name of burial place		46. Address of burial place		47. City and county		48. State		49. Date of filing	
46. Name of burial place		47. Address of burial place		48. City and county		49. State		50. Date of filing	
47. Name of burial place		48. Address of burial place		49. City and county		50. State		51. Date of filing	
48. Name of burial place		49. Address of burial place		50. City and county		51. State		52. Date of filing	
49. Name of burial place		50. Address of burial place		51. City and county		52. State		53. Date of filing	
50. Name of burial place		51. Address of burial place		52. City and county		53. State		54. Date of filing	
51. Name of burial place		52. Address of burial place		53. City and county		54. State		55. Date of filing	
52. Name of burial place		53. Address of burial place		54. City and county		55. State		56. Date of filing	
53. Name of burial place		54. Address of burial place		55. City and county		56. State		57. Date of filing	
54. Name of burial place		55. Address of burial place		56. City and county		57. State		58. Date of filing	
55. Name of burial place		56. Address of burial place		57. City and county		58. State		59. Date of filing	
56. Name of burial place		57. Address of burial place		58. City and county		59. State		60. Date of filing	
57. Name of burial place		58. Address of burial place		59. City and county		60. State		61. Date of filing	
58. Name of burial place		59. Address of burial place		60. City and county		61. State		62. Date of filing	
59. Name of burial place		60. Address of burial place		61. City and county		62. State		63. Date of filing	
60. Name of burial place		61. Address of burial place		62. City and county		63. State		64. Date of filing	
61. Name of burial place		62. Address of burial place		63. City and county		64. State		65. Date of filing	
62. Name of burial place		63. Address of burial place		64. City and county		65. State		66. Date of filing	
63. Name of burial place		64. Address of burial place		65. City and county		66. State		67. Date of filing	
64. Name of burial place		65. Address of burial place		66. City and county		67. State		68. Date of filing	
65. Name of burial place		66. Address of burial place		67. City and county		68. State		69. Date of filing	
66. Name of burial place		67. Address of burial place		68. City and county		69. State		70. Date of filing	
67. Name of burial place		68. Address of burial place		69. City and county		70. State		71. Date of filing	
68. Name of burial place		69. Address of burial place		70. City and county		71. State		72. Date of filing	
69. Name of burial place		70. Address of burial place		71. City and county		72. State		73. Date of filing	
70. Name of burial place		71. Address of burial place		72. City and county		73. State		74. Date of filing	
71. Name of burial place		72. Address of burial place		73. City and county		74. State		75. Date of filing	
72. Name of burial place		73. Address of burial place		74. City and county		75. State		76. Date of filing	
73. Name of burial place		74. Address of burial place		75. City and county		76. State		77. Date of filing	
74. Name of burial place		75. Address of burial place		76. City and county		77. State		78. Date of filing	
75. Name of burial place		76. Address of burial place		77. City and county		78. State		79. Date of filing	
76. Name of burial place		77. Address of burial place		78. City and county		79. State		80. Date of filing	
77. Name of burial place		78. Address of burial place		79. City and county		80. State		81. Date of filing	
78. Name of burial place		79. Address of burial place		80. City and county		81. State		82. Date of filing	
79. Name of burial place		80. Address of burial place		81. City and county		82. State		83. Date of filing	
80. Name of burial place		81. Address of burial place		82. City and county		83. State		84. Date of filing	
81. Name of burial place		82. Address of burial place		83. City and county		84. State		85. Date of filing	
82. Name of burial place		83. Address of burial place		84. City and county		85. State		86. Date of filing	
83. Name of burial place		84. Address of burial place		85. City and county		86. State		87. Date of filing	
84. Name of burial place		85. Address of burial place		86. City and county		87. State		88. Date of filing	
85. Name of burial place		86. Address of burial place		87. City and county		88. State		89. Date of filing	
86. Name of burial place		87. Address of burial place		88. City and county		89. State		90. Date of filing	
87. Name of burial place		88. Address of burial place		89. City and county		90. State		91. Date of filing	
88. Name of burial place		89. Address of burial place		90. City and county		91. State		92. Date of filing	
89. Name of burial place		90. Address of burial place		91. City and county		92. State		93. Date of filing	
90. Name of burial place		91. Address of burial place		92. City and county		93. State		94. Date of filing	
91. Name of burial place		92. Address of burial place		93. City and county		94. State		95. Date of filing	
92. Name of burial place		93. Address of burial place		94. City and county		95. State		96. Date of filing	
93. Name of burial place		94. Address of burial place		95. City and county		96. State		97. Date of filing	
94. Name of burial place		95. Address of burial place		96. City and county		97. State		98. Date of filing	
95. Name of burial place		96. Address of burial place		97. City and county		98. State		99. Date of filing	
96. Name of burial place		97. Address of burial place		98. City and county		99. State		100. Date of filing	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10556

BIRTH NO

1. NAME OF DECEASED
(Type or Print)ADOLPH
CLYDE TOPPER2. DATE
OF DEATH Nov. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *BALTIMORE CITY*B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
South Baltimore General Hosp.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY WashingtonC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Hagerstown R # 1D. STREET ADDRESS (If rural, give location)
Dual Highway 7100c. Length of stay in Baltimore *3 Wks.*

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

March 20 1916

9. AGE (In years last birthday)

36

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Engineer W.M.R.R.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Dunbar Penna12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

George A. Topper

14. MOTHER'S MAIDEN NAME

Elsie V. Tressler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
705-12-7381

17. INFORMANT

ADDRESS

Mrs Genevieve Topper

R #1

18. *443X*

CAUSE OF DEATH

Hagerstown Md.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Hypertensive and arteriosclerotic
DUE TO cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. H. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Nov. 14, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-17-52

24C. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

24D. LOCATION (City, town, or county)

Hagerstown Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

Nov. 17, 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Andrew K. Coffman

ADDRESS

Hagerstown Md.

NOV 19 1952

1952 58150 0540

52 10557		52-26724		BALTIMORE CITY HEALTH DEPARTMENT		52 10557	
BIRTH NO.		MLB. 164063		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) Baby Boy Anna Lockman				2. DATE OF DEATH 11-1-52			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 1-03			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 631 S. Patterson Park Ave			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 11-1-52	9. AGE (in years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Lockman				14. MOTHER'S MAIDEN NAME Anna Collins			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records: Baltimore City Hospitals 4940 Eastern Ave			
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-1- , 19 52 to 11-1- , 19 52 that I last saw the deceased alive on 11-1- , 19 52 , and that death occurred at 6:50 P.M. from the causes and on the date stated above.							
23A. SIGNATURE H. John Kern		23B. ADDRESS 4940 Eastern Ave, Balto. Md.		23C. DATE SIGNED 11.13.52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 11.13.52		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospital		24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave	
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS			

120 52-26538
52 10558
BIRTH NO. MLB. 164695

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10558
Registered No.

1. NAME OF DECEASED (Type or Print) Baby Girl Willie Davis			2. DATE OF DEATH 11-5-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 706 W. Lexington St		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11-4-52		9. AGE (In years last birthday) 4-02
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Nathaniel Davis			14. MOTHER'S MAIDEN NAME Willie Taylor		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NUMBER	17. INFORMANT ADDRESS Records: Baltimore City Hospitals 4940 Eastern Ave		
18. 776X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 11-5-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-4-52 , to 11-5-52 , that I last saw the deceased alive on 11-5-52 , and that death occurred at 7:30 A.M. from the causes and on the date stated above.					
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Ave. Balto Md.		23C. DATE SIGNED 11.13.52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 11.13.52		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospital	
24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave		25. FUNERAL DIRECTOR		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

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PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The page is very important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10559
Registered No.

600
YMC-163893
32-10559-24619
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Terry, Baby Girl-Lillian			2. DATE OF DEATH 10-12-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore		
c. Length of stay in Baltimore life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1726 Ashland Ave. City 5		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH October 7, 1952		9. AGE (In years last birthday) 5 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME Lillian Terry		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Ave.		

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 10-7-		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10-7- 1952 , to 10-12- 1952 , that I last saw the deceased alive on 10-12- 1952 , and that death occurred at 3:30A. m., from the causes and on the date stated above.				
23A. SIGNATURE H. C. Johnson		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 10.18.52

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 10-14-52	24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave. Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS	

CERTIFICATE OF DEATH

1900-1901

1900-1901

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10560

AB-164431

BIRTH NO. 52 10560

1. NAME OF DECEASED
(Type or Print)

Baby Boy West

2. DATE
OF
DEATH

Nov. 10-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1819 Etting St. zone 17

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 26-1952

9. AGE (In years
last birthday)If Under 1 Year
Months: Days

16

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Holt

14. MOTHER'S MAIDEN NAME

Shirley West

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26-1952 to 11-10-1952 that I last saw the
deceased alive on 11-10-1952, and that death occurred at 9.30 PM from the causes and on the date stated above.

23A. SIGNATURE

H. J. S. S. S.

23B. ADDRESS

M. D.

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

11-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremated

24B. DATE

11-13-1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Hospitals

24D. LOCATION (City, town, or county)

4940 Eastern Ave., Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 10561

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Infant of Emma Toles

(519270)

2. DATE
OF
DEATH

October 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

Infant

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1008 North Bond Street

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

October 15, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

6 8

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Roy Spence

14. MOTHER'S MAIDEN NAME

Emma Toles

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18.

776X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 15, 1952, to October 15, 1952, that I last saw the
deceased alive on October 15, 1952, and that death occurred at 2:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Guenther Buch

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

10/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1952

VS 150

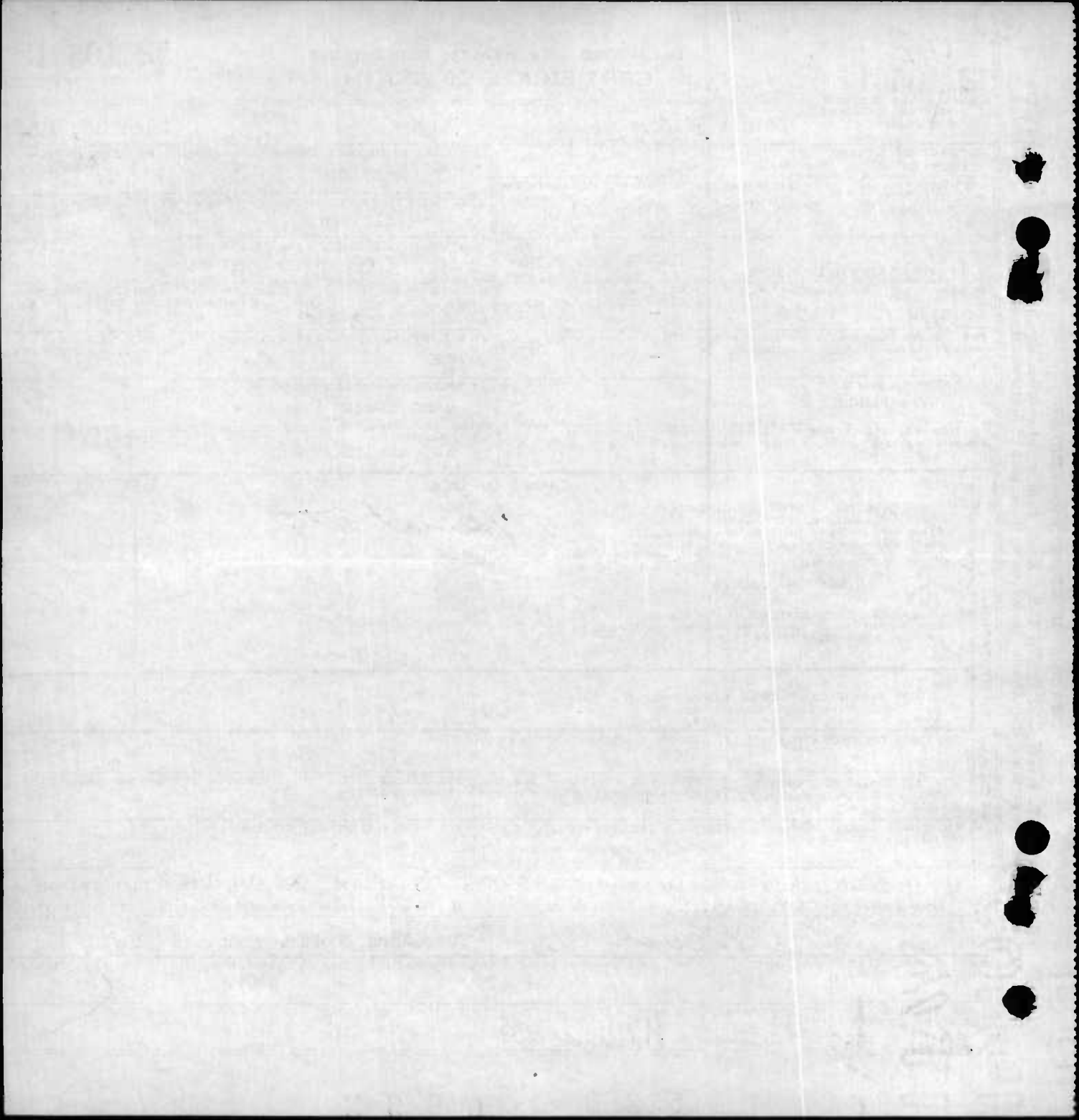
Huntington Williams, M.D.

1 2 5 2 0 0 1 0 5 5 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly stated. The age of the deceased is important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be supplied. The age is especially important. Physicians: please write the causes of death clearly and fully.

Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 10562

Registered No.

BIRTH NO. 52-27052

1. NAME OF DECEASED
(Type or Print)

Baby Bay Gordon

2. DATE
OF
DEATH

Nov. 8, '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write full name and give township)

D. STREET ADDRESS (If rural, give location)

1025 Lamont Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

11-5-52

9. AGE (In years

last birthday)

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind -

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Lyvester Gordon

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL ADDRESS

18. 760.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Intracranial hemorrhage

DUE TO

7 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

3 days

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Nov. 5, 1952 to Nov. 8, 1952 that I last saw the deceased alive on Nov. 8, 1952 and that death occurred at 1:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Surdani

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Nov. 9, '52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1952

Huntington Williams, M.D.

VS 150

19520010554

15 1912

CERTIFICATE OF DEATH

State of New York

Name of Deceased		Age		Sex		Race		Color		Religion		Marital Status		Occupation		Cause of Death		Date of Death		Place of Death		Signature of Physician		Signature of Registrar		Signature of Witness	
John Doe		45		Male		Caucasian		White		Roman Catholic		Married		Farmer		Heart Disease		Jan 15 1912		New York City		John Doe		John Doe		John Doe	



MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be written clearly and legibly. If the age is especially important, Physicians: please write the causes of death clearly and legibly.

HOSPITAL DISPOSAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 10563**
BIRTH NO. **650 10563****62-26917**1. NAME OF DECEASED
(Type or Print)**Baby girl Thorne**2. DATE
OF
DEATH**NOV 15 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

ALH Pk Nurs

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION**JOHNS HOPKINS HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore**15-02**

D. STREET ADDRESS (If rural, give location)

1607 N. Pulaski St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**S.**

8. DATE OF BIRTH

11-10-529. AGE (In years
last birthday)If Under 1 Year
Months: **5** Days: **5** Hours: **5** Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Thorne

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL18. **760.5**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Intra cranial hemorrhage**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Prematurity**
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-10-**, 19**52** to **11-15-**, 19**52** that I last saw the
deceased alive on **11-15-**, 19**52**, and that death occurred at **3:15a** m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Henderson

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-15-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

19520010555

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		OCCUPATION		EDUCATION		RELIGION		MARITAL STATUS	
SIGNATURE OF PHYSICIAN		SIGNATURE OF WITNESSES		SIGNATURE OF DECEASED		SIGNATURE OF FUNERAL HOME		SIGNATURE OF CORONER		SIGNATURE OF JUDGE	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	
PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	
PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE	

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 10564

BIRTH NO.

52-26165

1. NAME OF DECEASED
(Type or Print)

Dorothy Anne Klinge

(386848)

2. DATE
OF
DEATH

November 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE New York

B. COUNTY before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Utica

D. STREET ADDRESS (If rural, give location)

1710 Oswego Street

c. Length of stay in Baltimore

Infant

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

October 30, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

5

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Henry Klinge

14. MOTHER'S MAIDEN NAME

Vivian Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. 760.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Subarachnoid hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 30, 1952 to November 4, 1952 that I last saw the
deceased alive on November 4, 1952 and that death occurred at 3.25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Hendy Busby

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

11/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1952

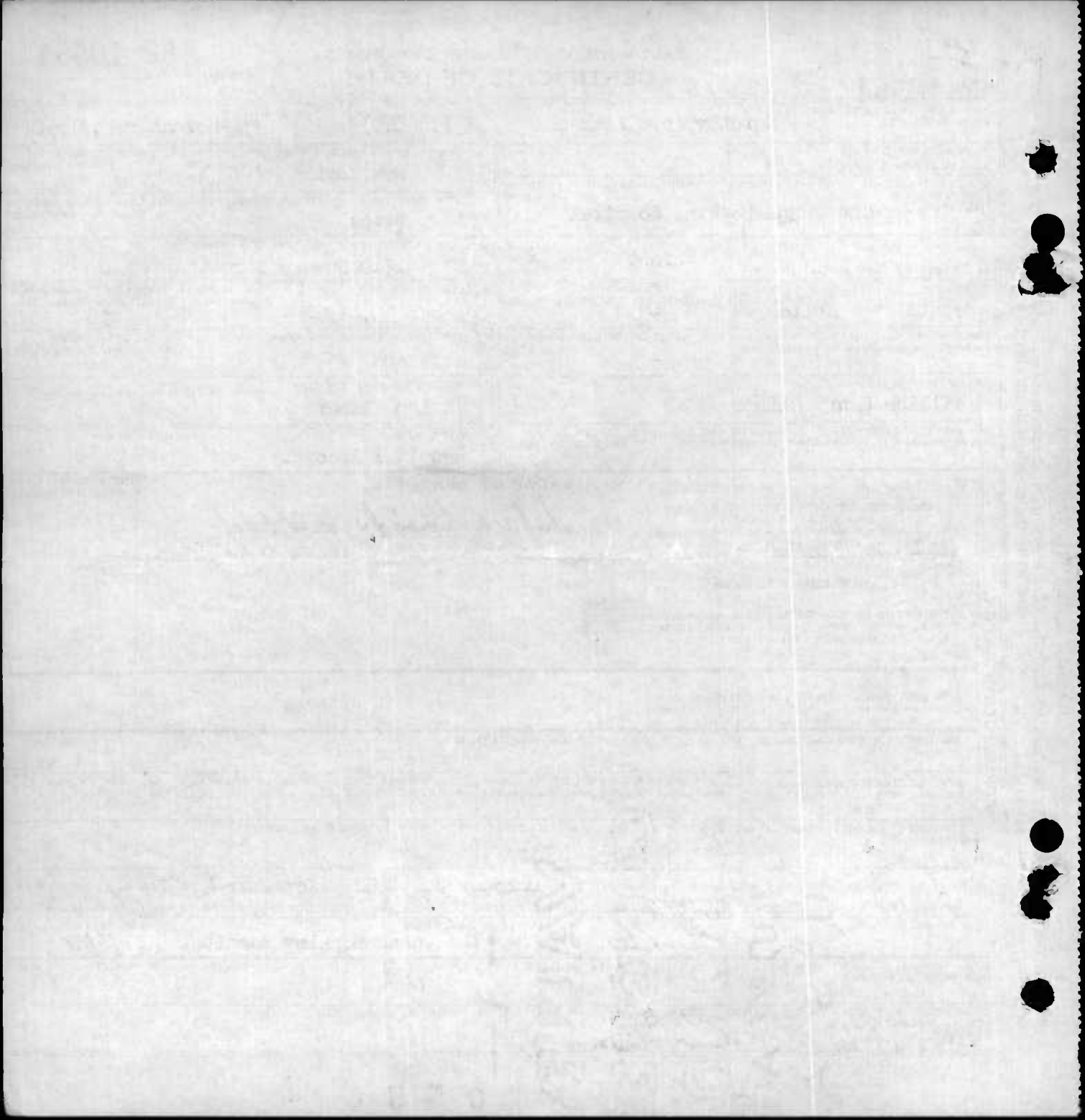
Huntington Williams, M.D.

VS 150

19520556

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10565
Registered No.BIRTH NO. 400
52 10565
2-259191. NAME OF DECEASED
(Type or Print)

Baby Boy Ewell

2. DATE
OF
DEATH

Nov. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-25-1952

9. AGE (In years last birthday)

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Wimple

14. MOTHER'S MAIDEN NAME

Louise Ewell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 774X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Osteogenesis Imperfecta

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 10/25, 1952, to 11/9, 1952 that I last saw the deceased alive on 11/9, 1952, and that death occurred at 5:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Herndon

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Nov. 13, 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1952

VS 150

Hospital Disposal

THESE WORDS ARE TO BE WRITTEN IN THE MARGIN OF THE CERTIFICATE OF DEATH. THE PHYSICIAN'S SIGNATURE AND THE DATE OF SIGNATURE ARE TO BE WRITTEN IN THE MARGIN OF THE CERTIFICATE OF DEATH. THE PHYSICIAN'S SIGNATURE AND THE DATE OF SIGNATURE ARE TO BE WRITTEN IN THE MARGIN OF THE CERTIFICATE OF DEATH.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10586

BIRTH NO. 52 10586

1. NAME OF DECEASED (Type or Print) McIlhenny EFFIE MARCELENE MCILLHENNY		2. DATE OF DEATH 17 Nov 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland <input checked="" type="checkbox"/>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY BALT	
b. FULL NAME OF HOSPITAL OR INSTITUTION Hosp. for Women of Md.		c. CITY OR TOWN (If outside corporate limits, write BIRTHPL. and give township) BALTIMORE	
c. Length of stay in Baltimore 65 yrs.		d. STREET ADDRESS (If rural, give location) 4602 Manordene Road.	
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-9-69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife.		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	9. AGE (In years last birthday) 83
11. BIRTHPLACE (State or foreign country) Chester town, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME CHARLES H. TAYLOR		14. MOTHER'S MAIDEN NAME ANNA LOUISE CARROLL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Now.	
17. INFORMANT Mrs. Helen O'Brien, 4627 Edmondson Av		ADDRESS	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UREMIA and Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardio-vascular Disease		DUE TO RENAL Disease	
		DUE TO GANGRENE Rt. foot.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 15 Nov. 1952		19b. MAJOR FINDINGS OF OPERATION GANGRENE Rt. foot.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 14 Nov 1952 to 17 Nov. , 19__, that I last saw the deceased alive on 17 Nov 1952 , and that death occurred at 7:20 P m., from the causes and on the date stated above.			
23a. SIGNATURE S F Becker MD		23b. ADDRESS Hosp. for Women of Md.	
23c. DATE SIGNED 17 Nov. 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 20/52	
24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery, 2930 Frederick Rd. Balto. Md.		24d. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Harry A. Ditzler		ADDRESS 4101 Edmondson Ave.	

1937

THE MARSHALL ISLANDS

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

July 1937

1937

PLEASE WRITE IN ALK, WITH UNFADING INK. Every item of information should be supplied. The age is particularly important. Physicians: please write the causes of death clearly and fully.

52 10587

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10587

1. NAME OF DECEASED
(Type or Print)

Fannie E. Schaefer

2. DATE
OF
DEATH

Nov. 17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1810 Wilhelm St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1810 Wilhelm St.

C. Length of stay in Baltimore

35 yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 2, 1900

9. AGE (In years last birthday)

52

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Frederick, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-----Clarke

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

George Schaefer, (SON)

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Embolism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Disease

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

1 day
5 hrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1952, to Nov 17, 1952, that I last saw the deceased alive on Nov 15, 1952, and that death occurred at 11:38 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Nov. 21/52

Mt. Olivet, 2950 Frederick Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

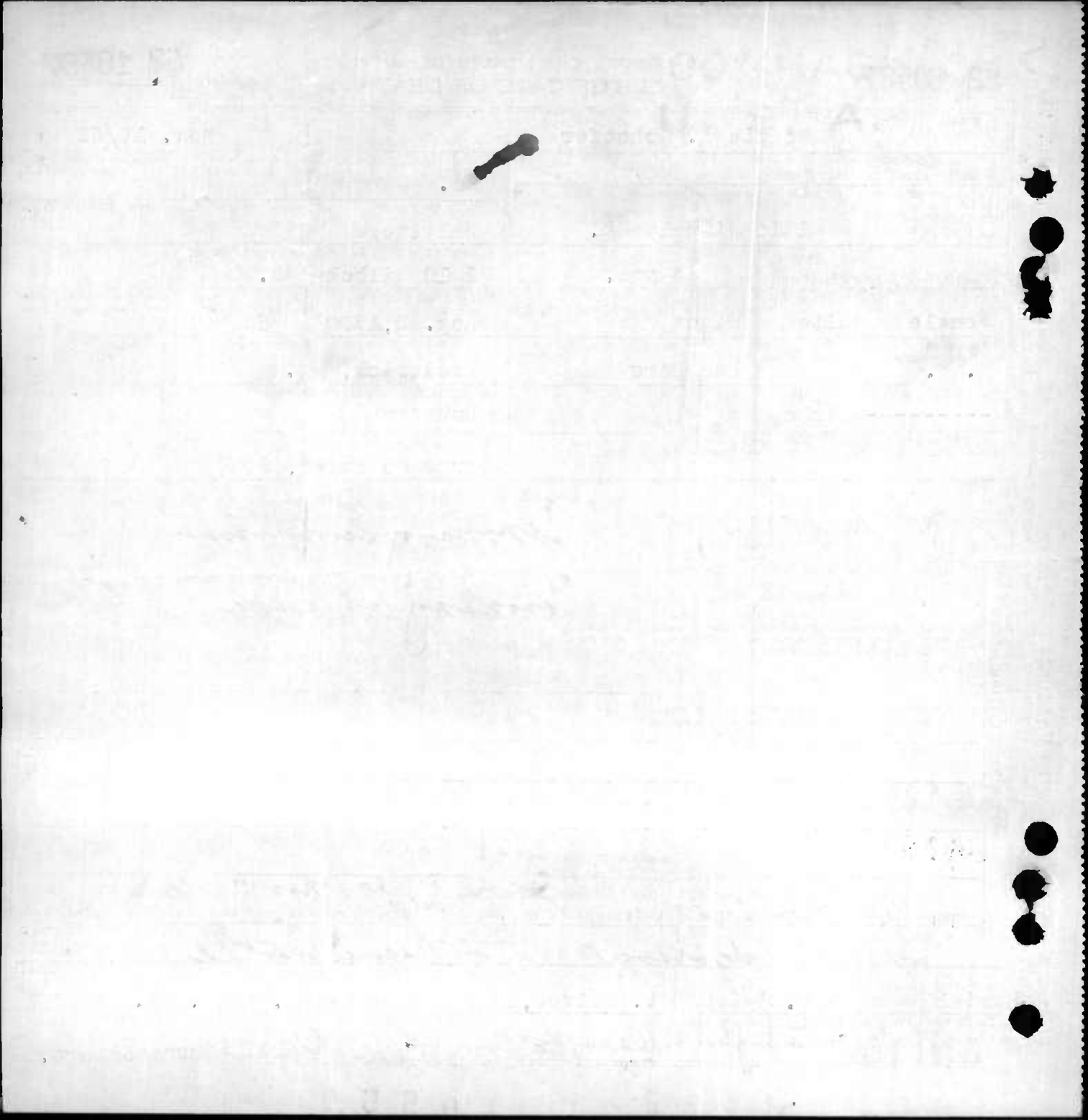
ADDRESS

NOV 19 1952

Huntington Williams, M.D. Harry A. Hutzler 4101 Edmondson Ave.

VS 150

52 10587



52 10568

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10568

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence A. Young

2. DATE
OF
DEATH Nov. 17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

4009 Edmondson Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4009 Edmondson Ave.

c. Length of stay in Baltimore

40yrs

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 11, 1885

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Beautician

10B. KIND OF BUSINESS OR
INDUSTRY

Own Business

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Fritz

14. MOTHER'S MAIDEN NAME

Lydia Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Thomas Young, Sr. 4009 Edmondson Ave.

18. 170X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Generalized Carcinomatous
Primary focus was
in left Breast. Discovered
28 months ago with(B) Metastases to Bones
discovered by X-Ray

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov 15/52

19B. MAJOR FINDINGS OF OPERATION

Cancer Breast

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1950 to Nov 17, 1952, that I last saw the
deceased alive on Nov 17, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. B. Young

23B. ADDRESS

303 345 North St

23C. DATE SIGNED

11/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 20/52

24C. NAME OF CEMETERY OR CREMATORY

Pine Grove Cemetery

24D. LOCATION (City, town, or county) (State)

Mt. Airy, Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1952

Huntington Williams

Harry F. Nitzke

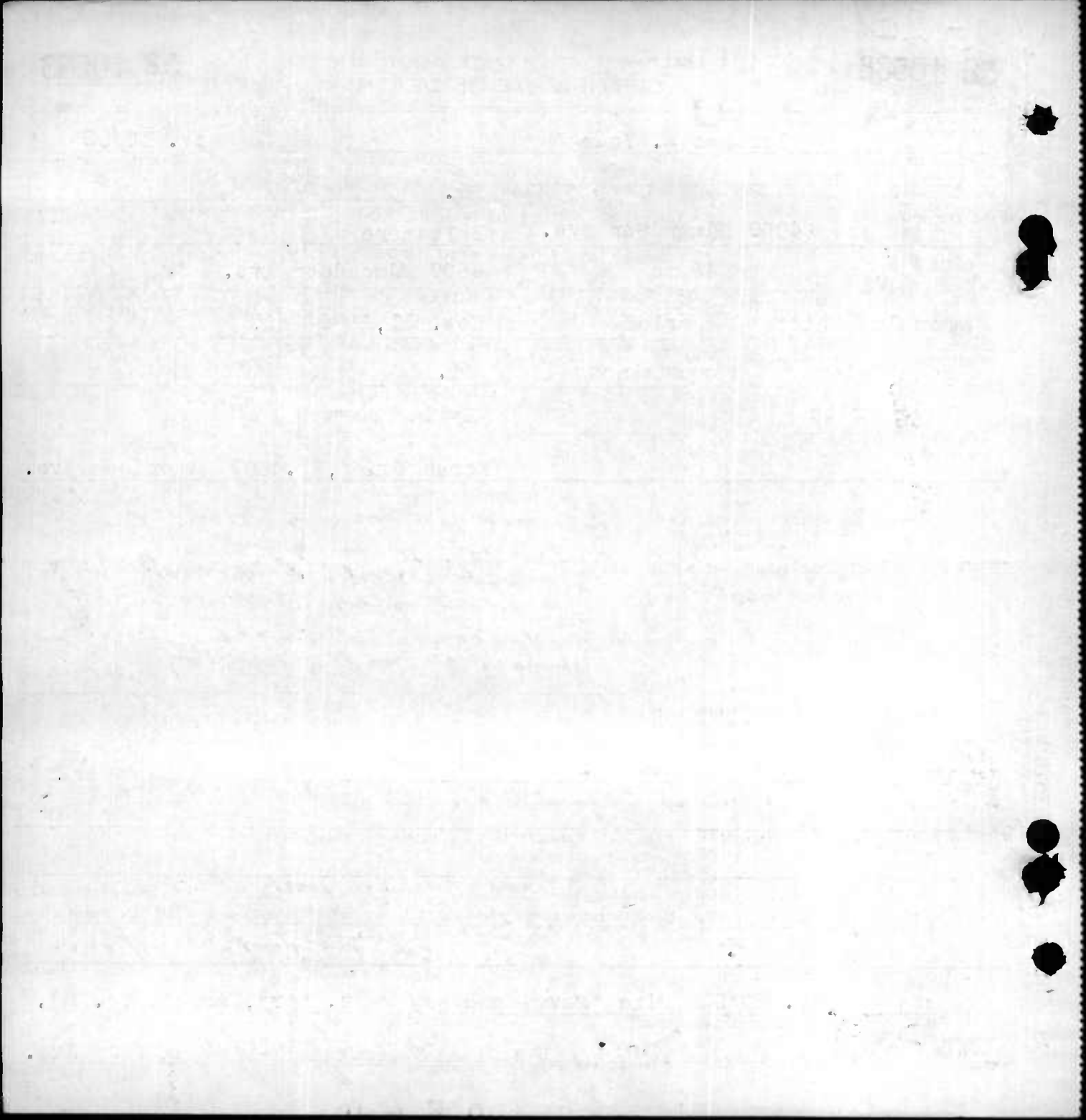
4101 Edmondson Ave.

VS 150

2408FF

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and



MARGIN RESERVED FOR BINDING

W-1 300
52 10569

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 10569

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print)		JOHN WHITE		2. DATE OF DEATH		Nov. 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION				A. STATE			
South Baltimore General Hosp.				Maryland			
C. Length of stay in Baltimore				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs. Mos. Days				Baltimore			
5. SEX				D. STREET ADDRESS (If rural, give location)			
male				526 S. Hanover Street			
6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
white		SINGLE		8/25/1913		39	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				11. BIRTHPLACE (State or foreign country)			
FIREMAN				HAMLET, N.C.			
10B. KIND OF BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY?			
RAILROAD							
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
DAN L. WHITE				LILLIE ALLEN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
						MRS MARY TEEHERA 1227 HOLLINS ST.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH			
E900.0				(A) Fracture of skull			
DUE TO				(B) Subdural hemorrhage			
DUE TO				(C)			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
		steps-outside		526 S. Hanover Street 22/1			
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
Nov. 17, 1952 P. m.				Fell down steps			
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE				23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED	
J. H. Fisher				M.D.		Nov. 18, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
BURIAL		11/21/52		OAKWOOD CEM.		RALEIGH, N.C.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
NOV 19 1952		Huntington Williams, M.D.		JOHN F. DENNY, INC.		715 LIGHT ST - 30. BALTIMORE, MD.	

V S 151

N-803.0 52350

00001 50

00001 50



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Bertha White Sackerman			2. DATE OF DEATH Nov. 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fetterhoff Nursing Home 3502 Clifton Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City		
C. Length of stay in Baltimore 40 Yrs.			D. STREET ADDRESS (If rural, give location) Temple Gardens Apts		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1880		9. AGE (In years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Cumberland, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Isaac White			14. MOTHER'S MAIDEN NAME Ester Bergman		
15. WAS DECEASED IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT TEMPLE Garden Apts Morton T. Sackerman		

18. 153X CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Carcinomatous - general		8 mos
DUE TO		
ANTECEDENT CAUSES (B) Carcinoma of colon		1 1/2 years
DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Aug. 5-10		19B. MAJOR FINDINGS OF OPERATION Carcinoma of colon		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1952 , to Nov 17, 1952 , that I last saw the deceased alive on Nov 17, 1952 , and that death occurred at 5:29 m., from the causes and on the date stated above.					
23A. SIGNATURE J. Frederick Leitz		23B. ADDRESS Temple Gardens		23C. DATE SIGNED Nov 19-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE Nov. 20, 1952		24C. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery	
				24D. LOCATION (City, town, or county) (State) Greenmount Ave	
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR David R. Martin, 1902 Eutaw Pl.	

VS 150

Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

PLEASE WRITE IN INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

100-100000

CERTIFICATE OF DEATH

100-100000

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	

13. Name of deceased		14. Sex		15. Age	
16. Date of death		17. Time of death		18. Place of death	
19. Cause of death		20. Manner of death		21. Signature of physician	
22. Signature of registrar		23. Signature of informant		24. Signature of witness	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10571

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JENNIE FRENKIL

2. DATE
OF
DEATH

11-19-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

4312 FERNHILL AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

28-41

D. STREET ADDRESS (If rural, give location)

4312 FERNHILL AVE

C. Length of stay in Baltimore

60

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

9. AGE (In years

last birthday)

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

73

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

AUSTRIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

BERNARD

14. MOTHER'S MAIDEN NAME

FRIEDG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

DR. James Frankil - same

18. 416X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Rheumatic H.F. Dis

15 hrs?

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia

5 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 1, 1952, to Nov 19, 1952, that I last saw the deceased alive on Nov 19, 1952 and that death occurred at 8:20 m., from the causes and on the date stated above.

23A. SIGNATURE

James Frankil

M.D.

23B. ADDRESS

6701 Park Heights Ave.

23C. DATE SIGNED

11/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-20-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jant Lewis Inc - 2100 Eutan Pl

NOV 20 1952

VS 150

1 2 5 2 0 0 1 0 5 6 3

1930

11



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10572
Registered No. _____

52 10572
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HANNAH HAMBURGER			2. DATE OF DEATH November 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 4116 Fernhill Ave			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4116 Fernhill Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4116 Fernhill Ave		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 1865		9. AGE (In years last birthday) 87 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10B. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) Baltimore Md	
13. FATHER'S NAME LEOPOLD SIEGEL			12. CITIZEN OF WHAT COUNTRY? USA		
14. MOTHER'S MAIDEN NAME Caroline ?			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		
16. SOCIAL SECURITY NO. _____			17. INFORMANT ADDRESS Mr Leo Hamburger 4116 Fernhill Ave		

18. 788.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Fever of undetermined origin (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH 8 wks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute circulatory failure (B) _____ DUE TO _____		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 28 1951 , to Nov 18 1952 , that I last saw the deceased alive on 18 Nov 1952 , and that death occurred at 10:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Samuel Morrison		23B. ADDRESS 11 E. Chase St.		23C. DATE SIGNED 11/18/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Nov 20/52		24C. NAME OF CEMETERY OR CREMATORY Bellevue Friendship Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Sol Stevenson Bros North Ave			
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

TO: DIRECTOR, BLM

FROM: SAC, [illegible]

SUBJECT: [illegible]

RE: [illegible]

DATE: [illegible]

BY: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

16. [illegible]

17. [illegible]

18. [illegible]

19. [illegible]

20. [illegible]

21. [illegible]

22. [illegible]

23. [illegible]

24. [illegible]

25. [illegible]

26. [illegible]

27. [illegible]

28. [illegible]

29. [illegible]

30. [illegible]

31. [illegible]

32. [illegible]

33. [illegible]

34. [illegible]

35. [illegible]

36. [illegible]

37. [illegible]

38. [illegible]

39. [illegible]

40. [illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10578**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**BESSIE SCONION**2. DATE
OF
DEATH**Nov. 17, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**212 Dolphin St.**

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

212 Dolphin St

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

July 7, 18859. AGE (In years
last birthday)**67**If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?**U. S. A.**

13. FATHER'S NAME

Henry Washington

14. MOTHER'S MAIDEN NAME

Mary Skinner15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James Sconion 212 Dolphin St.18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Cerebral Hemorrhage (Right)**

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH**1 mo.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Hypertensive Cardiovascular
Disease**

DUE TO

2 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **October 8**, 19**50**, to **Nov. 17**, 19**52**, that I last saw the
deceased alive on **Nov. 17**, 19**52**, and that death occurred at **3:30 P. M.**, from the causes and on the date stated above.

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**11-20-52****Mt. Auburn Cem****Baltimore,****Md.**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 20 1952**Huntington Williams, M.D.****Mr. Francis A. Hershey****578 W. Bader St**

VS 150

19520010565

550
52 10578

PLEASE WRITE IN ALPHABETICALLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10574
Registered No.

BIRTH NO. 52-27422

1. NAME OF DECEASED (Type or Print) Infant of Eloise Elam			2. DATE OF DEATH November 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Infant			D. STREET ADDRESS (If rural, give location) 1406 East Oliver Street - 13	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH November 7, 1952	9. AGE (In years last birthday) 18
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Jesse Elam			14. MOTHER'S MAIDEN NAME Eloise Mosley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Records	

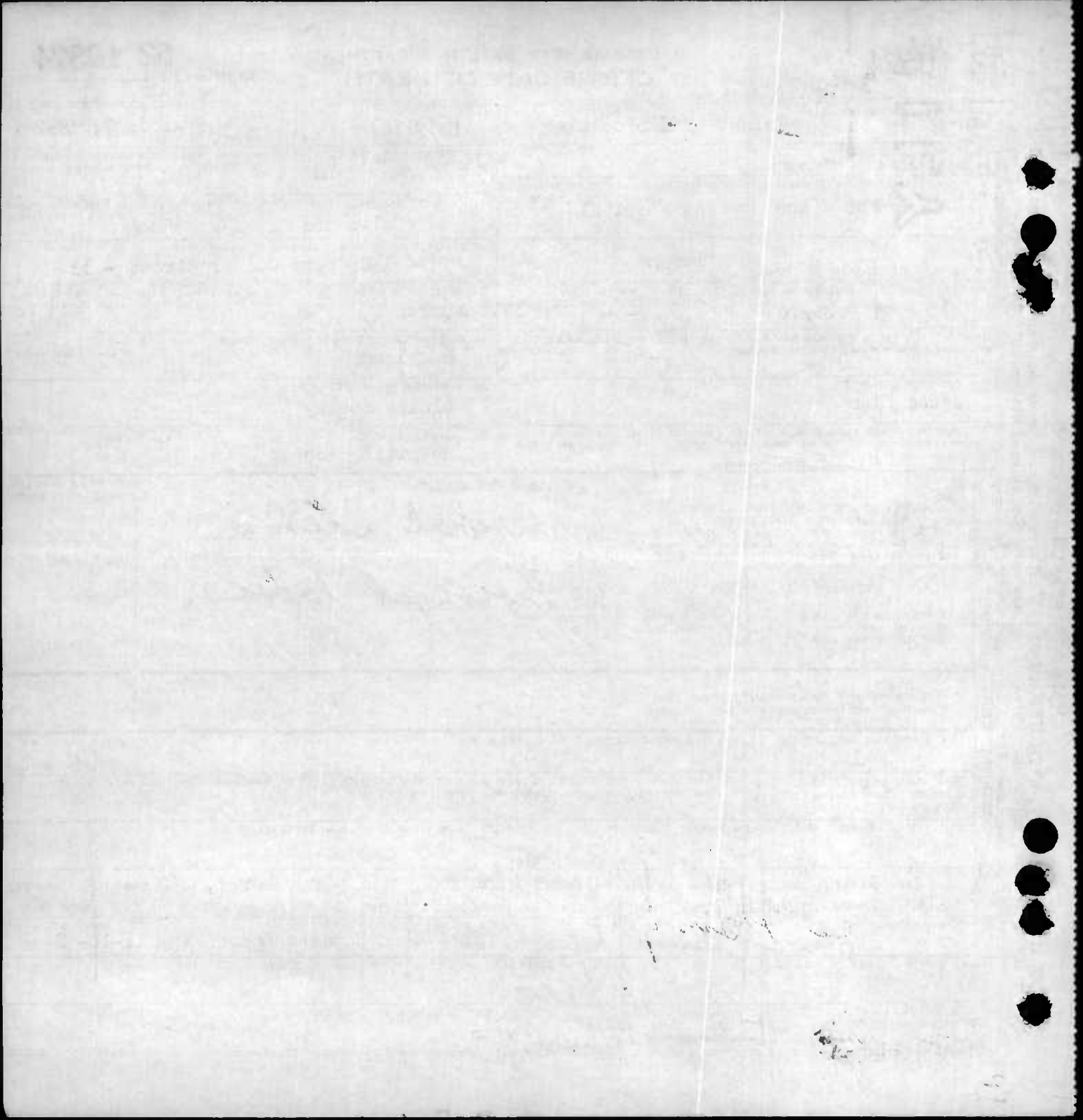
18. 760.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Cerebral edema DUE TO (B) Prolonged labor DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from November 7, 1952 to November 7, 1952 , that I last saw the deceased alive on November 7, 1952 and that death occurred at 9.10 P. M. , from the causes and on the date stated above.				
23A. SIGNATURE <i>Irene V. Buss</i>		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 11-10-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS	

NOV 20 1952
VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10575

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John G. West

2. DATE
OF
DEATH

Nov-18-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Pocomoke City

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1-7-84

9. AGE (in years
last birthday)

68

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

GRAIN

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Issac West

(W)

14. MOTHER'S MAIDEN NAME

Hester Merritt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL ADDRESS

18. 204.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebrovascular accident

DUE TO

4 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Acute monocytic leukemia

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

22. I hereby certify that I attended the deceased from 11-9, 1952 to 11-18, 1952, that I last saw the
deceased alive on 11-18, 1952, and that death occurred at 23 P. M., from the causes and on the date stated above.

23A. SIGNATURE

D. Salas de Aguilera

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-21-52

24C. NAME OF CEMETERY OR CREMATORY

Baptist Cemetery

24D. LOCATION (City, town, or county)

Pocomoke City, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Howard H. Hubbard, 2503 Edmondson Ave

NOV 20 1952

VS 150

1952049962567

U.S. DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10576
Registered No.

BIRTH NO. 10576		1. NAME OF DECEASED (Type or Print) STEVE GRITZUK		2. DATE OF DEATH November 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 11 E. York Street	
c. Length of stay in Baltimore Yrs. Mos. Days		5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH 1888		9. AGE (In years last birthday) 64	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Palmer		10B. KIND OF BUSINESS OR INDUSTRY B+O RTR.		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MITRAL STENOSIS		CAUSE OF DEATH (A) Mitral stenosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Rheumatic heart disease		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. [Signature]		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 19, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-21-52		24C. NAME OF CEMETERY OR CREMATORY Greenwood	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR John [Signature]		ADDRESS 1905 E Pratt	

1000000000

1000000000

1000000000



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10577

BIRTH NO. 52 10577 30-18455

1. NAME OF DECEASED
(Type or Print)

COLLEEN COUGHLIN

2. DATE
OF
DEATH

Nov. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

3820 REXMERE RD. Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3820 REXMERE RD.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Aug 29, 1950

9. AGE (In years
last birthday)

21

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

PATRICK
JOSEPH COUGHLIN

14. MOTHER'S MAIDEN NAME

Wenifred Lynch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Patrick J. Coughlin 3850 REXMERE RD

18. 493X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 19, 1952 to Nov. 19, 1952, that I last saw the deceased alive on Nov. 19, 1952 and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Martina Trione - Carter

M. D.

23B. ADDRESS

Mary Hays

23C. DATE SIGNED

11/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Nov. 22, 52

New Cathedral

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 20 1952

Huntington Williams, M.D. John A. Moran 3800 E. Baltimore St.

VS 150

19520010569

1951

RECEIVED

1951

W. J. ...
...

...

...

...

...

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10578
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas J. Kelly

2. DATE
OF

DEATH Nov 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 644 S. Decker Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

644 S. Decker Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Oct 30 1884

9. AGE (In years

last birthday) 68

Under 1 Year

Months: Days

Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Standard Oil Co

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

John P. Kelly

14. MOTHER'S MAIDEN NAME

Catherine Mildowney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

214-01-4233

17. INFORMANT

ADDRESS Ave

Mrs. Catherine A. Kelly 644 S Decker

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive Cardio-vascular
Disease

6 yrs.?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 19 51 Nov. 19 52 that I last saw the
deceased alive on Oct. 28 19 52, and that death occurred at 12:15 PM from the causes and on the date stated above.

23A. SIGNATURE

Clarence W. LePoux M. D.

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

11/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 22, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John A. Moran

ADDRESS

3000 E. Baltimore St

VS 150

1 9 5 2 6 8 0 6 K 0 5 7 0

100-1078

100-1078

Hypertensive Cardio-vascular
Disease

100-1078

RECORD

CLINICAL

WINTER

100-1078

100-1078

100-1078

100-1078

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10579

52 10579

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS SARAH CLARK

2. DATE
OF
DEATH

11/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Chase Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

617 N. Eugene ave.

c. Length of stay in Baltimore

34

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

May 4, 1873

9. AGE (in years
last birthday)

79

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Edinburgh Scotland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Bowman

14. MOTHER'S MAIDEN NAME

Catherine Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Chase Home & Hospital

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of Breast
DUE TO 2 Pulmonary metastases

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis & Hypertension

19A. DATE OF OPERATION

July 25, 1947

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Breast & Axillary metastases

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/4, 1952, to 11/19, 1952, that I last saw the
deceased alive on 11/19, 1952, and that death occurred at 8:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Dawson

23B. ADDRESS

Chase Home & Hospital

23C. DATE SIGNED

11/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

11/21/52

24C. NAME OF CEMETERY

Mt. Maria Memorial

24D. LOCATION (City, town, or county)

White Hall, Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

St. M. Cook Inc., 1217 St. Paul Street

ADDRESS

B-252

52 10580

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10580

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) **Karolina Bochniak Or (Caroline Bochniak)**

2. DATE OF DEATH
Nov, 19-1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland **1530 Lancaster Street**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
At Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 31

C. Length of stay in Baltimore **61 Years**
Yrs. **61** Mos. **0** Days **0**

D. STREET ADDRESS (If rural, give location)
1530 Lancaster Street

5. SEX
Female

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH
Jan, 1st 1881 ?

9. AGE (In years last birthday) **71 ?**
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Packing Can Foods

10B. KIND OF BUSINESS OR INDUSTRY
Lord Mott Packing Co.

11. BIRTHPLACE (State or foreign country)
Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Michael Rok

14. MOTHER'S MAIDEN NAME
Elizabeth ??Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
212-01-2606

17. INFORMANT ADDRESS
Helen Bizon 1530 Lancaster Street

18. **331X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
Acute Coronary Artery Disease
(A) DUE TO **Coronary Artery Sclerosis**

INTERVAL BETWEEN ONSET AND DEATH
5 days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO **Hypertension**
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
Nov 19, 1952

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 15, 1952**, to **Nov. 19, 1952**, that I last saw the deceased alive on **Nov 19, 1952**, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE
Dr. George A. Weber

M. D. **Nov 19, 1952**

23B. ADDRESS
2003 Rutland St

23C. DATE SIGNED
11/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
Nov 22, 1952

24C. NAME OF CEMETERY OR CREMATORY
St. Stanislaus

24D. LOCATION (City, town, or county) (State)
1500 Dundalk Ave Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR
NOV 20 1952

25. FUNERAL DIRECTOR ADDRESS
George A. Weber 705 S. Ann St

VS 150

1952680420572

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be fully and legibly applied. The correct age is especially important. Physicians: please write the causes of death early and legibly.

MEDICAL CERTIFICATION

08301 98

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1918

[Faint, mostly illegible text, likely a form or report, with some handwritten notes.]



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10581**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

GENTRY

2. DATE
OF
DEATH

November 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF *not in hospital or institution, give street address or location*

HOSPITAL OR

INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

513 N. Central Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 13, 1927

9. AGE (In years
last birthday)

23

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Cred Gentry

14. MOTHER'S MAIDEN NAME

Florence Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War 2

16. SOCIAL
SECURITY NO.

17. INFORMANT

Florence Thornton

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Hemangioma of right parietal lobe with
~~caused~~ massive subarachnoid hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. W. W.

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 19, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 24/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Cem.

24D. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Robert A. Elliott Daugherty

ADDRESS

1429 N. Caroline St.

12304 Sd

12307 Sd

PLEASE WRITE IN INK. Every item of information should be fully supplied. The physician's signature is important. Physicians: please write the causes of death clearly and accurately.

MARGIN RESERVED FOR BINDING

52 10582

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10582

Registered No.

1. NAME OF DECEASED
(Type or Print)

Henry Walter Weise

2. DATE
OF
DEATH

Nov. 18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1 S. Augusta Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1 S. Augusta Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX
Male

6. COLOR OR RACE
White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH

April 27, 1872

9. AGE (In years
last birthday)

80

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mill Business

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bal to. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William G. Weise

14. MOTHER'S MAIDEN NAME

Margaretha---

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm. A. Weise, 4623 Briarclift Rd

18. 42211

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Cerebral Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A) DUE TO

Arteriosclerotic Cardio-
vascular Disease

7 years

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3, 1950 to 18-18, 1952, that I last saw the deceased alive on 11/18, 1952, and that death occurred at 11:02 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 20 1952

Huntington Williams, M.D.

4101 Edmondson Ave.

VS 150

52 10582

32 10888

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10583

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ophelia Marshall Anderson

2. DATE
OF
DEATH

11-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1626 E. Hoffman St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1626 E. Hoffman St.

c. Length of stay in Baltimore

35

Yrs.
Mons
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 1900

9. AGE (in years
last birthday)

52

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Johnson Elem

14. MOTHER'S MAIDEN NAME

Linda Pettis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Jeannette Marshall Keys 907 N. Shutter St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1950

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1950 to Nov 19, 1952 that I last saw the
deceased alive on Nov 18, 1952, and that death occurred at 1034 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-22-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

A.A. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

52 10583

1900

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355
52 10584BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10584

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Patman (PAT MAN)

2. DATE
OF
DEATH

Nov. 17-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

15

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Sep.

8. DATE OF BIRTH

8-1-94

9. AGE (In years last birthday)

58

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Patman

14. MOTHER'S MAIDEN NAME

Martha Kraft

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 157X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Metastatic Carcinoma

DUE TO Carcinoma of Pancreas

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17, 1952 to 11-17, 1952 that I last saw the deceased alive on 11-17, 1952, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-21-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

A.A. Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Rayner Sanders

ADDRESS

217 E. Preston St.

VS 150

1952010576

1988

STATE OF NEW YORK

23-10384

IN SENATE

REPORT OF THE
COMMISSIONER OF THE
DEPARTMENT OF
CORRECTIONS
ON THE
STATE OF THE
DEPARTMENT
FOR THE YEAR
1987

CAUSE OF DEATH
The cause of death was
heart disease, coronary artery
disease, and atherosclerosis
of the coronary arteries.

DATE OF DEATH
The date of death was
January 15, 1988.

PLACE OF DEATH
The place of death was
the New York State Prison,
Jail House, Room 101.

9 5 3 0 2 1 0 3 7 7

08001 SA

HYPER-TECHNICAL

08001 SA



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10586
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella Benson

2. DATE
OF
DEATH

Nov. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1724 Mullikin Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1724 Mullikin Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct-24-1885

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Benson

14. MOTHER'S MAIDEN NAME

Ella Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Pearl Pack 1724 Mullikin Street

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardiovascular
DUE TO disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1952 to Nov. 16, 1952, that I last saw the
deceased alive on Nov. 16, 1952 and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/20/1952

Mt Calvary Cem

Brooklyn A.A. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

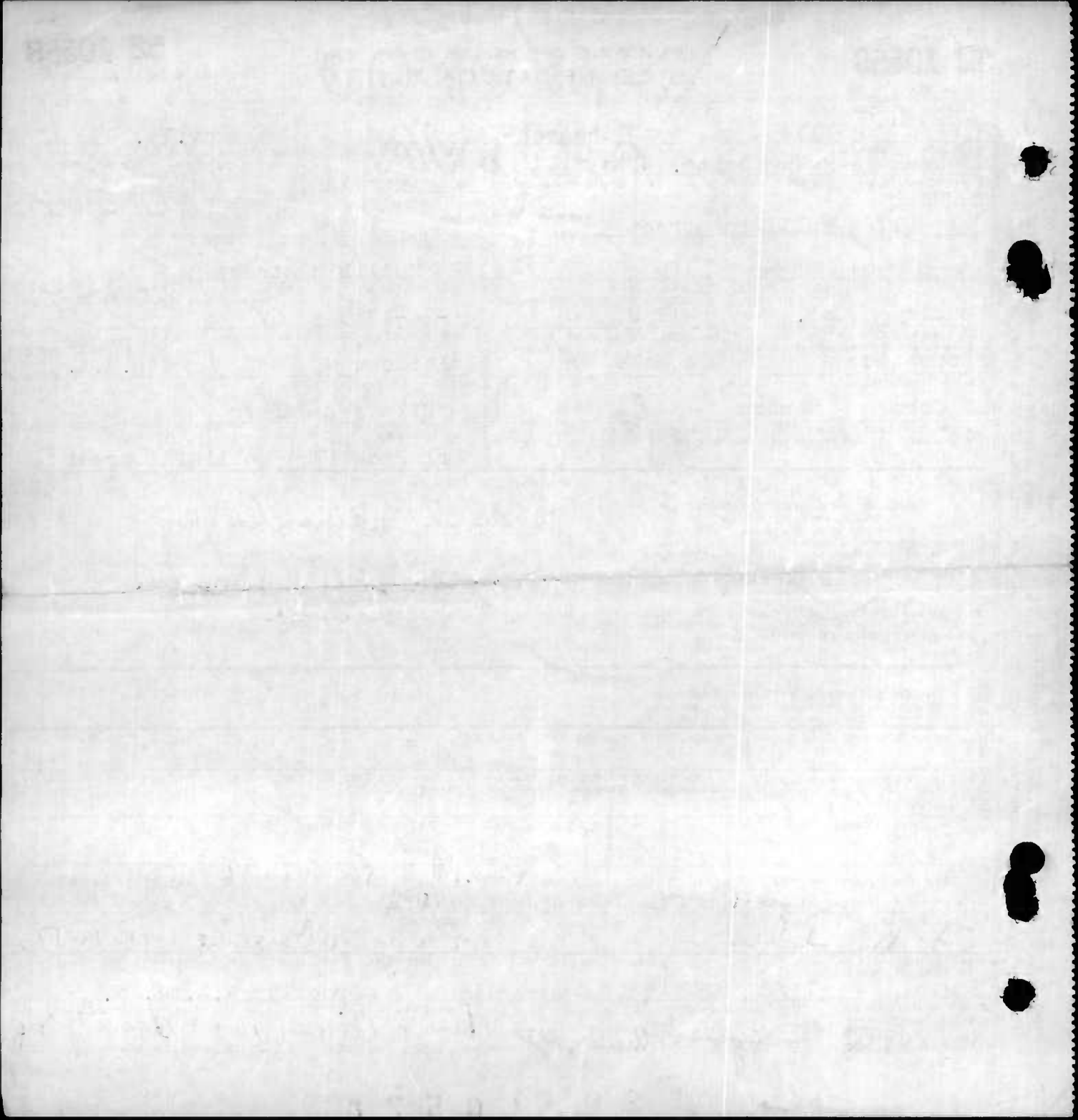
NOV 20 1952

Huntington Williams, M.D.

Elroy O. Wilson, 1000 Beauty Inc

VS 150

1952 OCT 20 10 57 A



W-5238587

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10587
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John patrick Ward

2. DATE
OF
DEATH

NOV. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3728 Brooklyn Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give

baltimore

township)

D. STREET ADDRESS (If rural, give location)

3728 brooklyn Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 3, 1889

9. AGE (In years
last birthday)

63yrs.

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

pier foreman

10B. KIND OF BUSINESS OR
INDUSTRY

B. & O. N. N.

11. BIRTHPLACE (State or foreign country)

baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

william n. ward

14. MOTHER'S MAIDEN NAME

winifred kane

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

myrtle waxter ward 3728 Brooklyn A.

18.

190x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Generalized carcinomatous
DUE TO

7 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) metastases of melanoma
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Coronary heart disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1952, to Nov. 17, 1952, that I last saw the
deceased alive on Nov. 17, 1952, and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Newbauer / M.D.

M. D.

23B. ADDRESS

936 Patapsco Ave.

23C. DATE SIGNED

Nov. 19, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 21, 1952

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk.

24D. LOCATION (City, town, or county)

Dorsey, Maryland

(State)

RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

George J. Gonce 4001 Ritchie Hwy

VS 150

1952052350

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is essential. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VETERINARY MEDICINE
WASHINGTON, D. C.

Form 100-10

DATE OF EXAMINATION

NAME OF EXAMINEE

AGE

SEX

RACE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

DATE OF EXAMINATION

NAME OF EXAMINEE

AGE

SEX

RACE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

DATE OF EXAMINATION

NAME OF EXAMINEE

AGE

SEX

Cause of Death

Examiner's Signature

Examiner's Title

Examiner's Address

Examiner's Telephone

Examiner's License

Examiner's State

Examiner's Date

Examiner's Signature

Examiner's Title

Examiner's Address

Examiner's Telephone

Examiner's License

Examiner's State

Examiner's Date

Examiner's Signature

Examiner's Title

Examiner's Address

Examiner's Telephone

Examiner's License

Examiner's State

Examiner's Date

Examiner's Signature

Examiner's Title

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10588

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>John V. Peters</i>			2. DATE OF DEATH <i>11/19/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>8 N. Calhoun St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19-02</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>8 N. Calhoun St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>3/5/1909</i>	9. AGE (In years last birthday) <i>43</i>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Trane Operator Coppers Co.</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>Piston Rings (M)</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>John J. Peters</i>			14. MOTHER'S MAIDEN NAME <i>Josephine C. Neuberth</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>-</i>			16. SOCIAL SECURITY NO. <i>-</i>		
17. INFORMANT <i>Mrs Josephine C. Peters Scott St.</i>			ADDRESS <i>124</i>		

18. <i>581.0</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebrosis of liver</i>			
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 26, 1951</i> , to <i>Nov 19, 1952</i> , that I last saw the deceased alive on <i>Dec 18, 1952</i> , and that death occurred at <i>3:54 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Milton S. Seim</i>		23B. ADDRESS <i>1428 W. Janney St.</i>		23C. DATE SIGNED <i>Nov. 20, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/22/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem.</i>	
				24D. LOCATION (City, town, or county) (State) <i>4300 Old Frederick Rd. Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 20 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John J. Cowan & Son</i>	
				ADDRESS <i>2010 N. Hollins St.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

00001 82

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

1900

0 2 2 0

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10589**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Murr

2. DATE
OF
DEATH

Nov. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3022 Westwood Ave.,

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3022 Westwood Ave.,

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 23, 1880

9. AGE (In years last birthday)

72

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR INDUSTRY

Clothing (M)

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT ADDRESS

Dr. Bertha Shamer 3300 W. North Ave.,

18.

442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Hemorrhage**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

About 10 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Chronic Cardio-renal vas-**

DUE TO

cular disease with hypertension

(C) **cular disease with hypertension**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug. 9, 1949**, to **Nov. 18, 1952**, that I last saw the deceased alive on **Nov. 11, 1952**, and that death occurred at **5 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Bertha Shamer

23B. ADDRESS

3300 W. North Ave. - 16

23C. DATE SIGNED

Nov. 19, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-21-1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

G. Howard Strong 3207 W. North Ave.,

ADDRESS

UNITED STATES

DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10590**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude Estelle Jones

2. DATE
OF
DEATH **Nov. 19, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2919 Silver Hill Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give town ship)

Baltimore

D. STREET ADDRESS (If rural, give location)

2919 Silver Hill Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 13, 1886

9. AGE (in years
last birthday)

66 yrs

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert F. Metz

14. MOTHER'S MAIDEN NAME

E. Ellen Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

Mr. James E. Jones, 2919 Silver Hill Ave.

18. **192X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Brain Tumor

2 years

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

July 24, 1952

19B. MAJOR FINDINGS OF OPERATION

Astrocytoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 28**, 1951, to **Nov. 19, 1952**, that I last saw the
deceased alive on **Nov 15**, 1952, and that death occurred at **2:45 A.**, from the causes and on the date stated above.

23A. SIGNATURE

Edward Zapp

23B. ADDRESS

M. D.

3101 W. Baltimore St.

23C. DATE SIGNED

Nov. 19, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 21, 1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

FURNERAL DIRECTOR

J. M. Williams

ADDRESS

4510 Liberty
Heights Ave.

NOV 20 1952

VS 150

19520010502

08101 52

08101 52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10591****5-363**
52 10591
BIRTH NO.1. NAME OF DECEASED
(Type or Print)**William Stewart**2. DATE
OF
DEATH**Nov. 19, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Johns Hopkins Hospital**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**JOHNS HOPKINS HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore**3-02**

township)

D. STREET ADDRESS (If rural, give location)

1110 Watson St

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-6-1924

9. AGE (In years

last birthday)

28If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Laborer**10B. KIND OF BUSINESS OR
INDUSTRY**Holite Rubber Co.**

11. BIRTHPLACE (State or foreign country)

Baltimore12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

Williams Stewart**Rubber Worker**

14. MOTHER'S MAIDEN NAME

Ida Simms15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)**No**

(If yes, give war or dates of service)

No16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. **493X and 581.1**DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) **Pneumococcal pneumonia**

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH**1/2 hr.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Laennec's cirrhosis****unknown**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/18**, 19**52**, to **11/19**, 19**52**, that I last saw the
deceased alive on **11/19**, 19**52**, and that death occurred at **4:40** m., from the causes and on the date stated above.

23A. SIGNATURE

Richard W. Cobb

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

11/23/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Ct.

24D. LOCATION (City, town, or county)

A.A. Co., Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR**NOV 20 1952**

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. & Son

25. FUNERAL DIRECTOR

ADDRESS

VS 150

9704608 W. Montgomery St**1050 9704608 583**

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10592**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DOMINICK McDONALD

2. DATE OF DEATH

Nov. 17, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland **629 S. Decker Ave.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

629 S. Decker Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 24 1886

9. AGE (in years last birthday)

66

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Stevedore

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John McDonald

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Robert McDonald 629 S. Decker Ave.

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive Cardio-vascular Disease.**

6 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan. 19 49** to **Nov. 17, 1952**, that I last saw the deceased alive on **Nov. 17, 1952** and that death occurred at **5:00 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

Clarence W. LeBoeuf

M. D.

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

11/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county) (State)

7401 German Hill Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles S. Jailer

901 S. Conning St.

NO 10000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

NO 10000

DECEASED: JOHN W. JONES
AGE: 45
SEX: Male
DATE OF BIRTH: Jan. 24, 1900
PLACE OF BIRTH: Baltimore, Md.
OCCUPATION: Unknown
RESIDENCE: 230 E. Lombard Ave.
DECEASED AT: 230 E. Lombard Ave.
DATE OF DEATH: Nov. 1, 1945

Hypertensive Cardio-vascular
Disease.

Dr. J. E. Douch

Nov. 1, 1945

INVEST

Nov. 1, 1945

W-614
52 10593BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10593

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edwin Warfield, Jr.

2. DATE
OF
DEATH

11-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Howard

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

Union Memorial Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Woodbine

62-00

C. Length of stay in Baltimore

Unknown.

D. STREET ADDRESS (If rural, give location)

Woodbine P.O. Daisy, Md.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 28, 1891

9. AGE (In years last birthday)

61

10. Under 1 Year 11. Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer & Publisher

10B. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Edwin Warfield, Sr.

14. MOTHER'S MAIDEN NAME

Emma Nichodemus

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown World War I

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

292.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pancytopenia

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Broncho pneumonia, right lung.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 11, 1952, to Nov. 19, 1952, that I last saw the deceased alive on Nov. 19, 1952, and that death occurred at 4:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Alfred G. Osman, Jr.

M. D.

23B. ADDRESS

2800 E. Chase St., Balto 13

23C. DATE SIGNED

11-19-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/21/52

24C. NAME OF CEMETERY OR CREMATORY

Cherry Grove

24D. LOCATION (City, town, or county)

Woodbine, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Easton Sons, Catonsville, Md.

ADDRESS

PS 10588

PS 10588

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE

SEX

RACE

G-630

52 10594

52 10594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52.27722

1. NAME OF DECEASED
(Type or Print)

BABY BOY GAY HARDT

2. DATE
OF
DEATH

Nov. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

3118 Harview Ave. MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

37 MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-05

D. STREET ADDRESS (If rural, give location)

3118 Harview Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Nov. 18, 1952

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Arnold Gayhardt

14. MOTHER'S MAIDEN NAME

Dorothy Eberwein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

252.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Thyroiditis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 18, 1952, to Nov. 20, 1952, that I last saw the deceased alive on Nov. 20, 1952, and that death occurred at 9:30 am., from the causes and on the date stated above.

23A. SIGNATURE

Martina Tirona - Cateja M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

11-20-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1952

Huntington Williams, M.D.

Mildred J. Blight

6009 Harford Rd

VS 150

19520010594

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is very important. Physicians: please write the causes of death clearly and legibly.

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]

52 10595

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10595

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard Otto Thomas

2. DATE
OF
DEATH

November 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3213 Dudley Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-03

C. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

3213 Dudley Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 5th, 1908

9. AGE (In years last birthday)

44

If Under 1 Year Months: Days

4

If Under 24 Hours Hours: Min.

13

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Field service engineer

10B. KIND OF BUSINESS OR INDUSTRY

automotive

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Dale Thomas

14. MOTHER'S MAIDEN NAME

Ida L.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

16. SOCIAL SECURITY NO.

215-09-1096

17. INFORMANT

ADDRESS

Elva G. Thomas 3213 Dudley Avenue

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 mo.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1940 to Nov. 18, 1952, that I last saw the deceased on Apr. 18, 1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Beth. Mortimer Jr.

M. D.

23B. ADDRESS

2706 St Paul St

23C. DATE SIGNED

11/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 21, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

7225 Eastern Avenue

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frederick D. Miller, Inc. 3019 E. Monument St

VS 150

195200463587

1. The first of these is the fact that the
 2. second of these is the fact that the
 3. third of these is the fact that the

[illegible]

52 10598

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10596

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS B. SHOCHET

2. DATE
OF
DEATH

November 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

CITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3822 Eastern Ave

c. Length of stay in Baltimore

60 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Dec. 22, 1888

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant General Mase

10B. KIND OF BUSINESS OR INDUSTRY

Proprietor

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Leopold Shochet

14. MOTHER'S MAIDEN NAME

Anna Yaffe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Edna Shochet 3822 Eastern Ave

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO
(B) DUE TO
(C) DUE TOCoronary Thrombosis
Arteriosclerotic Cardio-vascular Disease3 1/4 hours
?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950 to 11-19-1952 that I last saw the deceased alive on Nov. 4, 1952 and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

A. A. Johnson

M. D.

23B. ADDRESS

1109 H. Calver St

23C. DATE SIGNED

11-20-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov 21, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mickro Kodesh Cong Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

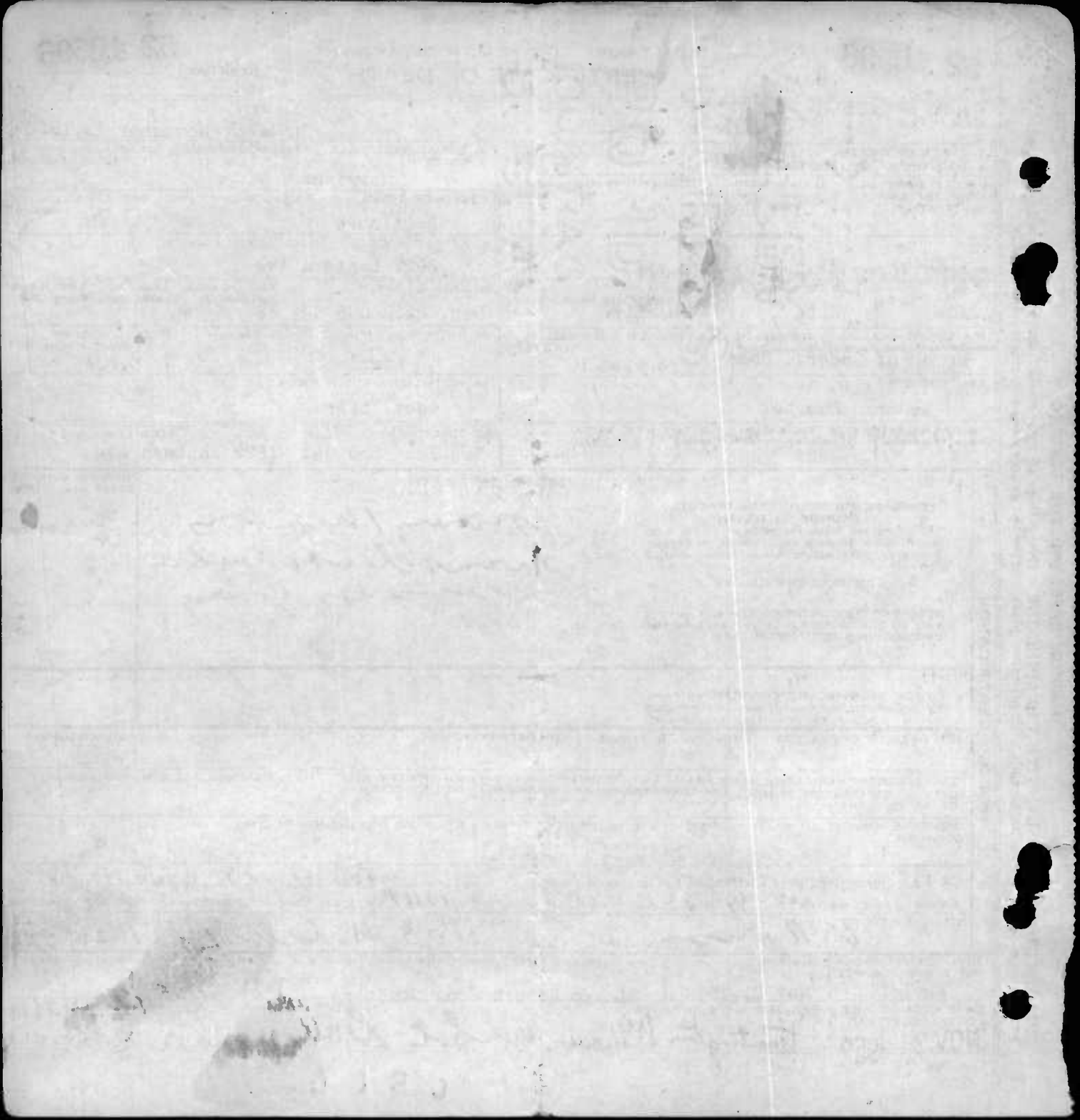
ADDRESS

1126 W North ave

NOV 21 1952

VS 150

1952 20906A0500



CERTIFICATE CORRECTED - 12/4/52 53
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10597

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Fuller

2. DATE
OF
DEATH

11-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 13-06

C. Length of stay in Baltimore

LIFE

D. STREET ADDRESS (If rural, give location)

3400 Hickory Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE (MARRIED)

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 30, 1881

9. AGE (In years last birthday)

71

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Federal Fireman

10B. KIND OF BUSINESS OR INDUSTRY

Balmar Corp.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Joseph Fuller

Genl. Machine and Eng.

14. MOTHER'S MAIDEN NAME

Mary Stokes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Margaret M. Fuller - 3400 Hickory Ave

18.

157X and 003X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Metastatic Carcinoma to
the marriage

3 days

ANTECEDENT CAUSES

Body and tail of pancreas with metastases

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) to periaortic nodes, r. lung, etc.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Emphysema Pulm. TBC
Calcified Pericarditis -

?

19A. DATE OF OPERATION

11-17-52

19B. MAJOR FINDINGS OF OPERATION

Adenocarcinoma Lymph gland -

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-16, 1952, to 11-18, 1952, that I last saw the deceased alive on 11-18, 1952 and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry D. Perry, M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov 21/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Windsor Mill Rd Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Austin E. Donovan - 3818 Roland Ave.

ADDRESS

NOV 21 1952

VS 150

1952 680 34500

See query reply in Document File
Provisional anatomical diagnosis in full.

F. 422
52 10598FOWLES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10598

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Fowles

2. DATE
OF
DEATH

Nov-19-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
JOHNS HOPKINS HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-09D. STREET ADDRESS (If rural, give location)
1006 E. Preston St

Length of stay in Baltimore

7 yrs

Yrs.
Mos.
Days

6. SEX

female

7. COLOR OR RACE

Caucasian

8. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Sept

9. DATE OF BIRTH

7-23-22

10. AGE (in years
last birthday)

30

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Examiner

10B. KIND OF BUSINESS OR
INDUSTRY

Stein Uniform Factory

11. BIRTHPLACE (State or foreign country)

Crew Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Lewis Sr.

14. MOTHER'S MAIDEN NAME

Mollie Jennings

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

227-20-8341

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

651.3

1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Infected abortion

INTERVAL BETWEEN
ONSET AND DEATH3-4 days
symptoms

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18-1952, to 11-19-1952, that I last saw the
deceased alive on 11-19-1952, and that death occurred at 9:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Owens, Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-23-52

24C. NAME OF CEMETERY OR CREMATORY

St. Johns

24D. LOCATION (City, town, or county)

Crew, Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Charles R. Law, 802 Madison Ave

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1952
VS 1501532

195203690860

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1950

1950

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

4-1-50
1-1-50

1-1-50

1-1-50

1-1-50

1-1-50

1-1-50

1-1-50

52 10599

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise Seipell

2. DATE
OF
DEATH

Nov 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4325 Sheldon Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

4325 Sheldon Avenue

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore Maryland

D. STREET ADDRESS (If rural, give location)

826-02

c. Length of stay in Baltimore

Life 68 years

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 10, 1884

9. AGE (In years
last birthday)

68

10. Under 1 Year
Months: Days

5 15

11. Under 24 Hours
Hours: Min.

#

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Adam Brantigan Germany

14. MOTHER'S MAIDEN NAME

Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Harry Seipell 4325 Sheldon Ave

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Paralysis

(B)

DUE TO

Cerebral Hemorrhage

(C)

DUE TO

Intercerebral Sclerosis

Hypertension

7 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT

WORK

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from Aug 10, 1945, to Nov 20, 1952, that I last saw the
deceased alive on Nov 19, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Jacob Fishel M.D.

23B. ADDRESS

3422 Belair Rd

23C. DATE SIGNED

11/21/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1952

Huntington Williams, M.D.

Albert L. Hilgert 4642 Belair Road

100-100000

RECEIVED
FEB 10 1960

100-100000



52 10600

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10600
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NATHAN LOWEN KOPF

2. DATE
OF
DEATH

11/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

46

Lutheran Hospital of Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 15-04

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2104 West North Avenue #17

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 28, 1898

9. AGE (In years
last birthday)

54

10 Under 1 Year 11 Under 24 Hours

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farrier

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

David

14. MOTHER'S MAIDEN NAME

Faye

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Beatrice Lowenkopf - Same

18.

420.1 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Acute Myocardial Infarction 8 hrs?

INTERVAL BETWEEN
ONSET AND DEATH

8 hrs?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardiovascular
Disease

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20/52 8 AM, to 11/21/52 12 PM, that I last saw the
deceased alive on 12 PM 11/21/52, and that death occurred at 12 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1952

Huntington Williams, M.D.

Jack Lewis

2100 Gaither Pl

NOV 21 1952

29046

592

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00001 52

UNITED STATES DEPARTMENT OF JUSTICE

00001 52

CERTIFICATE OF DEATH

1958

1958

1958

1958

1958

1958

V. 526
52 10601BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10601

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sylvia S. Vinocur

2. DATE
OF
DEATH

Nov. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Pa

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Pittsburgh

D. STREET ADDRESS (If rural, give location)

6622 Northumberland

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6-17-1910

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ben Schwartz

14. MOTHER'S MAIDEN NAME

Stanshah Greenwald

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Pulmonary insufficiency

DUE TO

(B)

Tracheobronchial stenosis,

DUE TO

(C)

cause undetermined

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18, 1952, to 11/21, 1952, that I last saw the deceased alive on 11/21, 1952, and that death occurred at 2:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Norman E. Kauer

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-21-52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewicki 2100 Cutaw Pl

ADDRESS

12001 91

STATE OF NEW YORK
DEPARTMENT OF HEALTH

12001 91

WILLIAM
GORDON
JAMES
WILLIAM
GORDON
JAMES

STATE OF NEW YORK

DEPARTMENT OF HEALTH

WILLIAM

GORDON

JAMES

WILLIAM

GORDON

JAMES

WILLIAM

GORDON

JAMES

WILLIAM

GORDON

JAMES

WILLIAM

GORDON

JAMES

PLEASE WRITE
cor age is
important. Physicians: please write the causes of death clearly and fully.

52 10602

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10602

Registered No.

BIRTH NO. 62-26557

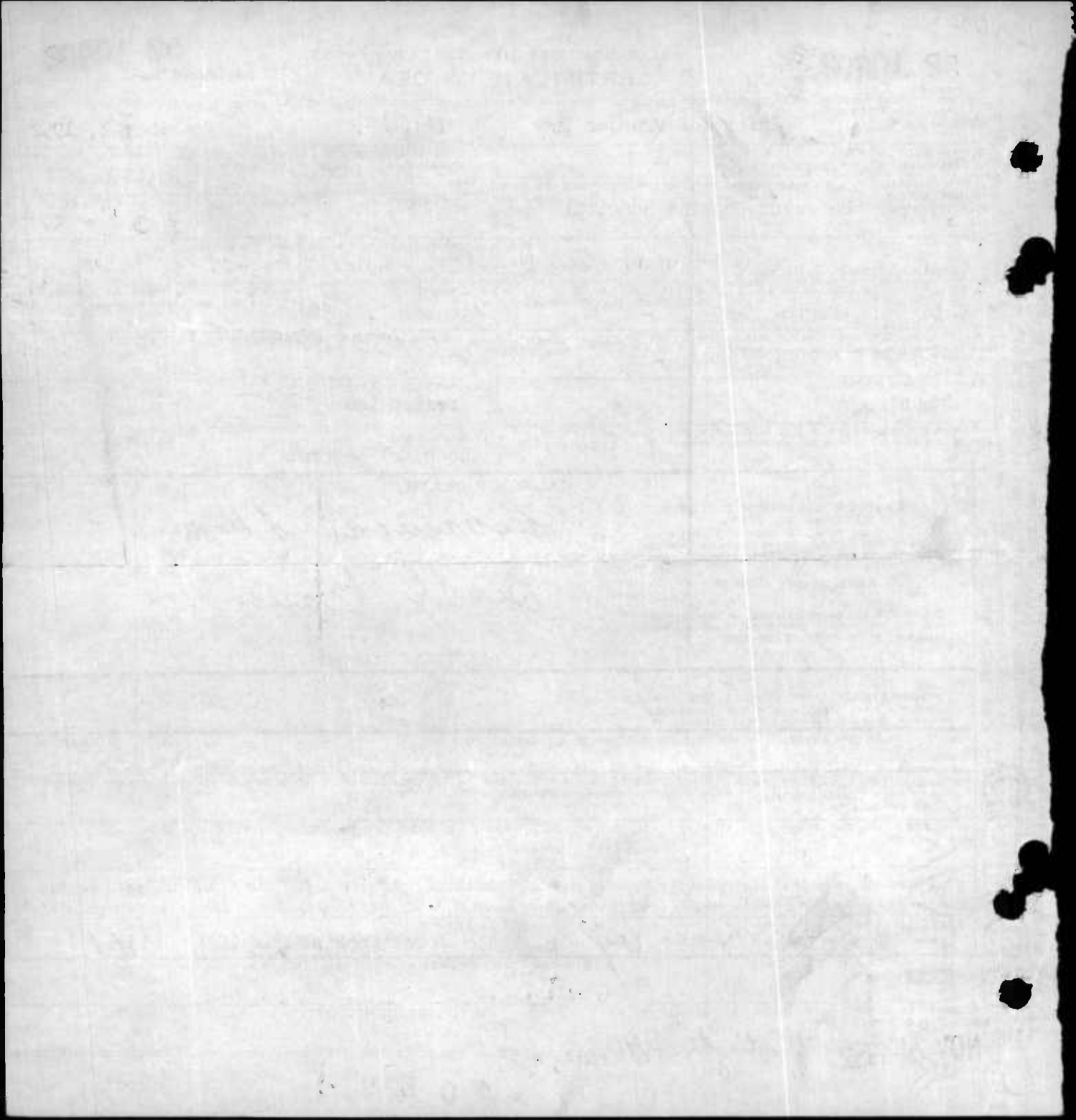
1. NAME OF DECEASED (Type or Print) Infant of Frances Lee			2. DATE OF DEATH November 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundell 53-53		
c. Length of stay in Baltimore Infant			D. STREET ADDRESS (If rural, give location) 312 Wheeler Court - 22		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH November 1, 1952		9. AGE (In years last birthday) 6
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? 15
13. FATHER'S NAME James Moore			14. MOTHER'S MAIDEN NAME Frances Lee		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Records		

18. 760.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Subarachnoid hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		Birth trauma		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from November 1, 1952 to November 1, 1952, that I last saw the deceased alive on November 1, 1952, and that death occurred at 6.45 A. M., from the causes and on the date stated above.					
23A. SIGNATURE Jen Kuo by		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 11/4/52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Hospital Disposal		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR		ADDRESS	

19520210594



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS
928 Shields Place

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9-12, 1932 to 11-20, 1932, that I last saw the deceased alive on 11-19, 1932 and that death occurred at 3:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

1 957204A 0595

Georgia D. 1924
Rt. 10. C. 14

28 Shields Place
Life

Female Colored
Domestic
Widow

11-25-25
Maryland
Rt. 10. C. 14

City
28 Shields Place

6-6-1901

11-25-25
Maryland
Rt. 10. C. 14

Wellington, New York
11-25-25

11-25-25 Mt. Vernon

11-25-25
Maryland
Rt. 10. C. 14

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10604

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHELE DINUNZIO

2. DATE OF DEATH
November 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

430 West 23rd Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

430 West 23rd Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 14, 1884

9. AGE (In years last birthday)

68

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Asst. Tr ack Foreman

10B. KIND OF BUSINESS OR INDUSTRY

Penna. R. R. Co.

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

Italy

13. FATHER'S NAME

Joseph Dinunzio

14. MOTHER'S MAIDEN NAME

Mary T.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Dinunzio, 430 West 23rd Street

18. 470.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Hypertension

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1946 to 11/19, 1952, that I last saw the deceased alive on 11/19, 1952, and that death occurred at 7:45 Am., from the causes and on the date stated above.

23A. SIGNATURE

A. Wersig, M.D.

23B. ADDRESS

2302 Huntington Ave

23C. DATE SIGNED

11/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/24/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

VS 150

523 50596

1000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1000

NAME OF DECEASED

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF INTERMENT

PLACE OF INTERMENT

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF CHURCH

NAME OF CEMETERY

NAME OF BURIAL

NAME OF CREMATION

NAME OF INCINERATION

NAME OF DISPOSITION

NAME OF OTHER

NAME OF OTHER

NAME OF OTHER

NAME OF OTHER

NAME OF OTHER

NAME OF OTHER

NAME OF OTHER

NAME OF OTHER

NAME OF OTHER

NAME OF OTHER

NAME OF OTHER

NAME OF OTHER

K-626
52 10605

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10605

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Joseph HUTCHINSON IKROEGER		
2. DATE OF DEATH 11-20-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. MD.		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIV. Hosp.		
C. Length of stay in Baltimore		
5. SEX M.	6. COLOR OR RACE Wh.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 30, 1894		
9. AGE (In years last birthday) 58		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar Tender		
10B. KIND OF BUSINESS OR INDUSTRY Tavern		
11. BIRTHPLACE (State or foreign country) Maryland		
12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Joseph C. Kroeger		
14. MOTHER'S MAIDEN NAME Annie R. Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		
16. SOCIAL SECURITY NO. 213-03-0678		
17. INFORMANT ADDRESS Mrs. Nora M. Kroeger-142 S. Loudon Ave.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE CORONARY		
INTERVAL BETWEEN ONSET AND DEATH 7 hrs.		
DUE TO H.C.U.D.		
19. ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. HEMIPARESIS + Dehydration.		
19A. DATE OF OPERATION		
19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10-25 , 19 52 to 11-20 , 19 52 that I last saw the deceased alive on 11-20-52 , 19 52 , and that death occurred at 6:50 AM. from the causes and on the date stated above.		
23A. SIGNATURE R. Greco		
23B. ADDRESS UNIV. Hosp		
23C. DATE SIGNED 11-20-52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		
24B. DATE 11/24/52		
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		
24D. LOCATION (City, town, or county) (State) Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1952		
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
FUNERAL DIRECTOR ADDRESS Wm. J. Tichner & Sons		

VS 150

195 2750 618 597 Balto 17. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct page is important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10606**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**KRAFT, Mrs. Buelah Estella**2. DATE
OF
DEATH**Nov. 19, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, Md**B. FULL NAME OF
HOSPITAL OR
INSTITUTION**Home for Incurables - 700 W. 40th ST.**

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

- 600 E. 36th St.

c. Length of stay in Baltimore

68

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

Aug. 15, 18749. AGE (In years
last birthday)**78**10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**House wife**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Port Deposit, Md12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

Robert Tigner

14. MOTHER'S MAIDEN NAME

Mary Dixon15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.**no**

17. INFORMANT

ADDRESS

S.E. Ross. Home for Incurables

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular Accident**7 1/2 hours**

DUE TO

Arteriosclerosis (Generalized)**5 years**

ANTECEDENT CAUSES

(B)

(Rheumatoid Arthritis (Deformans))**20 years**

DUE TO

Diaphragmatic Hernia**2.7 years**OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

NOT WHILE

WORK

AT WORK

22. I hereby certify that I attended the deceased from **February 17, 1944**, to **November 19, 1952**, that I last saw the
deceased alive on **November 14, 1952**, and that death occurred at **12:18 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

W. Grafton Hooper

M. O.

23B. ADDRESS

214 Medical Arts Building

23C. DATE SIGNED

11/19/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

11/22/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town or county) (State)

Woodlawn, Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1952**Huntington Williams, M.D.****Wm. J. Pickney & Sons**

VS 150

520010508

Balto 17, Md.

000001 50

RECEIVED

1961

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

H-420
52 10607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10607
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WILLIAM HALLWIG		2. DATE OF DEATH Nov. 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 5313 Edmondson Ave. Hood Nursing Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1815 N. Fulton Ave.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 25, 1870	9. AGE (in years last birthday) 82	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist (retired)		10B. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) N.Y.	
13. FATHER'S NAME Oscar Hallwig		14. MOTHER'S MAIDEN NAME - Raine			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mr. Oscar Hallwig - 640 Wildwood Pkwy.	
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) C.A. of Precancer ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Degenerative C.V.S. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-1 , 19 52 to 11-19 , 19 52 , that I last saw the deceased alive on 11-18 , 19 52 , and that death occurred at 5A m., from the causes and on the date stated above.					
23A. SIGNATURE James Stowell		23B. ADDRESS Catonsville		23C. DATE SIGNED 11-21	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/21/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Vickner & Sons	
VS 150		19520010599		Balto 17, Md.	

STATE OF TEXAS
COUNTY OF DALLAS
CERTIFICATE OF DEATH

NAME OF DECEASED _____

AGE _____

SEX _____

DATE OF DEATH _____

PLACE OF DEATH _____

Cause of Death _____

Signature of Physician _____

Signature of Coroner _____

Signature of Registrar _____

Signature of Burial Officer _____

Signature of Witness _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10608**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Eldridge B. Jackson**2. DATE
OF
DEATH**November 19, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Md.**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**322 20 $\frac{1}{2}$ St. (West*)**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)

322 20 $\frac{1}{2}$ St.

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**M.**

8. DATE OF BIRTH

2/17/19009. AGE (in years
last birthday)**51**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY**Clerk - FHA**

11. BIRTHPLACE (State or foreign country)

Balto. Md.12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Wm Jackson

14. MOTHER'S MAIDEN NAME

Carrie Jackson15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.
218-09-291917. INFORMANT ADDRESS
E. L. Jackson 2549 McCulloh St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)
DUE TO(B)
DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 11, 1952** to **Nov 17, 1952**, that I last saw the
deceased alive on **Sept 12, 1952** and that death occurred at **2:30 PM**, from the causes and on the date stated above.

23A. SIGNATURE

Burnham S.

23B. ADDRESS

1202 N Carroll St

23C. DATE SIGNED

11/18/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/22/5224C. NAME OF CEMETERY OR CREMATORY
Arbutus24D. LOCATION (City, town, or county)
Arbutus, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

00002 52

RECEIVED BY THE DIRECTOR

OFFICE OF THE DIRECTOR

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10609**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**CAROLINE BOTZON**2. DATE
OF
DEATH**11/20/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLANDB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**3 S. KRESSON ST.**

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

BALTIMORE 26-44

c. Length of stay in Baltimore

65Yrs.
Mons.
Days

D. STREET ADDRESS (If rural, give location)

3 S. KRESSON ST.

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**W**

8. DATE OF BIRTH

SEPT 18, 18689. AGE (In years
last birthday)**84**10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**HOUSEWIFE**10B. KIND OF BUSINESS OR
INDUSTRY**AT HOME**

11. BIRTHPLACE (State or foreign country)

GERMANY12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

AUGUST LANGE

14. MOTHER'S MAIDEN NAME

NOT KNOWN15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**NO**16. SOCIAL
SECURITY NO.**NONE**

17. INFORMANT

ADDRESS

MRS MARIE HEISER 3 S. KRESSON ST.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH(A) **ARTERIOSCLEROTIC CARDIO-VASC
DISEASE****2 YRS.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **ARTERIOULAR NEPHROSCLEROSIS****6 MOS.**

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) **GENERALIZED ARTERIOSCLEROSIS**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from **JAN. 1, 1950** to **NOV. 20, 1952** that I last saw the
deceased alive on **NOV. 19, 1952** and that death occurred at **10 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Henry J. Kouska

M. D.

333 S. EAST AVE**11/20/52**24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL**11/24/52****OAK LAWN CEMT.****BALTO. CO. MD.**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1952**Huntington Williams, M.D.****Clarence F. Hoffmann 1639 N. BROADWAY**

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UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10610**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Blanch K. Bruce

2. DATE OF DEATH

Nov. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

1821 M^cCallan St.

C. CITY OR TOWN (If outside corporate limits, write "U.R.L." and give township)

Baltimore 14-03

c. Length of stay in Baltimore

13 years

O. STREET ADDRESS (If rural, give location)

1821 M^cCallan St.

5. SEX

Male Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 14, 1859

9. AGE (In years last birthday)

93

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

Public schools

11. BIRTHPLACE (State or foreign country)

Brunswick, Mo.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James J. Bruce

14. MOTHER'S MAIDEN NAME

Mary Bruce

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

1821 M^cCallan St.

18.

443 X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *hypertensive arterio-sclerotic cardiac disease*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

9 yrs plus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1943*, to *11-19*, 1952 that I last saw the deceased alive on *11-19*, 1952 and that death occurred at *1055* from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

500 EAST MADISON

23B. ADDRESS

B.M. P. 12

23C. DATE SIGNED

11-21-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Anne's

24D. LOCATION (City, town, or county) (State)

Shawnee, Kansas

DATE RECEIVED BY LOCAL REGISTRAR

NOV 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1631 Druid Hill Ave.

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RECEIVED BY THE DEPARTMENT OF DEFENSE

OFFICE OF THE SECRETARY OF DEFENSE

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PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 10611**

 BIRTH NO. **52 10611**

 1. NAME OF DECEASED
(Type or Print) **Josephine Ridgely Wellmore**

 2. DATE
OF
DEATH **Nov 20 1952**

 3. PLACE OF DEATH:
A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Md** B. COUNTY **before admission**

 B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION **117 W Lafayette Ave**

 C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township) **Balto.**

 c. Length of stay in Baltimore **Life** Yrs. Mos. Days

 D. STREET ADDRESS (If rural, give location) **117 W Lafayette Ave**

 5. SEX **F**

 6. COLOR OR RACE **W**

 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single**

 8. DATE OF BIRTH **Nov 11 1873**

 9. AGE (In years, last birthday) **79** If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None**

 10B. KIND OF BUSINESS OR INDUSTRY **L**

 11. BIRTHPLACE (State or foreign country) **Balto. Md.**

 12. CITIZEN OF WHAT COUNTRY? **USA**

 13. FATHER'S NAME **Edward H Wellmore**

 14. MOTHER'S MAIDEN NAME **Josephine Maher.**

 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service)

 16. SOCIAL SECURITY NO. **L**

 17. INFORMANT ADDRESS **Miss Grace L. Wellmore Same**

 18. **443X I**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

 (A) **Terminal pneumonia**
DUE TO **Hypertension C.V.**
(B) **Infarct of the heart**
DUE TO **Terminal pneumonia**
(C)

INTERVAL BETWEEN ONSET AND DEATH

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **10/20/52**, 19**52**, to **11/18/52**, 19**52**, that I last saw the deceased alive on **11/18**, 19**52**, and that death occurred at **6:30 A.M.** from the causes and on the date stated above.

 23A. SIGNATURE **John W. Smith**

M. D.

 23B. ADDRESS **8902 Greenway Rd**

 23C. DATE SIGNED **11/21/52**

 24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

 24B. DATE **Nov 20 1952**

 24C. NAME OF CEMETERY OR CREMATORY **New Cathedral**

 24D. LOCATION (City, town, or county) (State) **Balto. Md**

 DATE RECEIVED BY LOCAL REGISTRAR **NOV 21 1952**

 REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

 25. FUNERAL DIRECTOR **H. J. Jenkins & Sons Co**

 ADDRESS **4405 York Rd.**

Dr. Louis L. Pratt Jr
8402 Greenway Rd
Towson

B- 435
52 10612BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10612

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph BOLTON

2. DATE
OF
DEATH

Nov. 19 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Church Home - Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balt.

53-53

c. Length of stay in Baltimore

50 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

7645 South Bend Rd.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

B. DATE OF BIRTH

3-3-1889

9. AGE (In years
last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

residential broker

10B. KIND OF BUSINESS OR
INDUSTRY

SELF EMP.

11. BIRTHPLACE (State or foreign country)

Harford Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bolton, Thomas

14. MOTHER'S MAIDEN NAME

Helen La Rue

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Scifasso, 5306 Danmore Rd.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Anterior wall heart
disease

yes

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 2, 1952, to Nov. 9, 1952, that I last saw the
deceased alive on Nov 8, 1952 and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Church Home - Hosp.

Nov. 19 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Nov 21 1952

Huntington Williams, M.D.

J. Ruck

5305 Hagford

1000 30

RECEIVED 1000 30

1000 30



R-152
52 10613BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10613

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward B. Robinson

2. DATE
OF
DEATH

11/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14

D. STREET ADDRESS (If rural, give location)

5000 Morello Rd.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 21 - 1907

9. AGE (In years
last birthday)

45

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Route Supervisor

10B. KIND OF BUSINESS OR
INDUSTRY

Oil

11. BIRTHPLACE (State or foreign country)

Pittsburgh - PENNA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Robinson

14. MOTHER'S MAIDEN NAME

Mary Yocum

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-03-3579

17. INFORMANT

Mrs. Mary Robinson - Morello

ADDRESS 5000

18.

163X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cancer of lung

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pleural effusion

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20/52, 19__, to 11/20/52, 19__, that I last saw the
deceased alive on 11/20/52, 19__, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Conway

23B. ADDRESS

M. D.

South Baltimore General Hospital

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-22-52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1952

Huntington Williams, M.D.

J. Ruck

5305 Harford Rd

VS 150

155290660603

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

PAGE 32

STATE OF TEXAS

1900



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10614
Registered No.356
52 10614
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ida Catherine Steiner			2. DATE OF DEATH Nov. 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3410 Guilford Terr.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 50 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3410 Guilford Terrace		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 13, 1878	9. AGE (in years last birthday) 74	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Philadelphia, Penna		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacob N. Austett			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Roman W. Steiner 306 Wendover Road		

18. 260x and 191x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Acute Cardiac Distention & Valvular Disease DUE TO (B) Hypertensive Cardiac - Valvular Disease DUE TO (C) Diabetic Mellitus	INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours 8 years 6 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Squamous cell carcinoma upper lip**
3 months

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from August 6, 1937 to November 20, 1952 , that I last saw the deceased alive on Nov. 20, 1952 , and that death occurred at 8:45 p. m. , from the causes and on the date stated above.		
23A. SIGNATURE W. Griffith Desper	23B. ADDRESS 214 Medical Arts Building	23C. DATE SIGNED 11/21/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/24/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery
24D. LOCATION (City, town, or county) Baltimore, Maryland.		

DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR H. W. Weiss & Son 805 N. Calvert St	ADDRESS
--	---	--	---------

02 1000

CERTIFICATE OF DEATH

1000



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10615

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Girl Dorothy Senior

2. DATE
OF
DEATH

10-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals
4940 Eastern Ave

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5704 Egrot Lane

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-27-52

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

1 Day

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adolph Senior

14. MOTHER'S MAIDEN NAME

Dorothy Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Records Baltimore City Hospitals
4940 Eastern Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxia Neonatorum

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral Anoxia

DUE TO

Intracranial Hemorrhage

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Life

Life

Life

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27-1952, to 10-28-1952 that I last saw the
deceased alive on 10-28-1952 and that death occurred at 11:26 A.M. from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams, M.D.

23B. ADDRESS

4940 Eastern Ave. Balto. Md.

23C. DATE SIGNED

11-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

11-13-52

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Ave, Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

PREVIOUS ILLNESS

DATE OF EXAMINATION

PLACE OF EXAMINATION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

N-425
52 10616
L-258

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10616

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
BEULAH MAY NELSON (LOCKMAN)			Nov. 19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 609 S. Hanover Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Jan. 8, 1908	9. AGE (In years last birthday) 44 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10B. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (State or foreign country) WEST Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME P			14. MOTHER'S MAIDEN NAME P		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) P		16. SOCIAL SECURITY NO. P	17. INFORMANT ADDRESS Hosp RECORDS		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY ARTERY SCLEROSIS (A) DUE TO		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. J. Fisher		23B. CHIEF MEDICAL EXAMINER M.D. Elkins		23C. DATE SIGNED Nov. 20, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/24/52		24C. LOCATION (City, town or county) (State) Elkins W. Virginia	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 64611 Chas P. Lowell Windsor Hill Rd	

MARGIN RESERVED FOR BINDING

PLEASE WRITE CAREFULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

520010608

2000 52

2000 52



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10617**

52 10617

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frances Karabinos

2. DATE
OF
DEATH

11-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

CARROLL

C. CITY OR TOWN

RURAL - SYKESVILLE

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

UNIVERSITY HOSPITAL

D. STREET ADDRESS (If rural, give location)

517 N. MADEIRA ST.

c. Length of stay in Baltimore

64 YEARS

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

6-2-1888

9. AGE (In years last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SEWING BUTTONS

10B. KIND OF BUSINESS OR INDUSTRY

MENS CLOTHING

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOSEPH KARABINOS

14. MOTHER'S MAIDEN NAME

MARIE VELENOSKY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT

ADDRESS

18.

570.3
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Peritonitis**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

16 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Volulus of caecum**

DUE TO

4 days

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Schizophrenia

19A. DATE OF OPERATION

11-18-52

19B. MAJOR FINDINGS OF OPERATION

Volulus of caecum

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-18-52**, 19**52**, to **11-19**, 19**52**, that I last saw the deceased alive on **11-19**, 19**52**, and that death occurred at **11:20 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

D. A. Wolfe

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11-20-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11-24-1952

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER BALTIMORE C, M.D.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

R. CVACH & SON 900 N. CHESTER ST

NOV 21 1952

VS 150

698460600

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

MARYLAND
RURAL - LAKEVILLE
CARROLL

UNIVERSITY HOSPITAL
JAMES KAYSON

211 W. MADISON ST.

4-1-1958

SEWING MACH. CO.
W. KAYSON

JOSEPH KAYSON

JOSEPH KAYSON

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH
BALTIMORE, MARYLAND

OTHER INFORMATION CONCERNING DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10618
Registered No. 52 10618

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPHINE KUHN

2. DATE
OF
DEATH

Nov. 19, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 747 S. Curley St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

747 S. Curley St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE. MARRIED.
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 10, 1873

9. AGE (In years
last birthday)

79

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

House Work

11. BIRTHPLACE (State or foreign country)

Shrewsbury, Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Mathew Kern

14. MOTHER'S MAIDEN NAME

Catherine Amend

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Margaret Freund 747 S. Curley St.

18.

443 X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Sept 10, 1952 to Nov 19, 1952 that I last saw the
deceased alive on Oct 13, 1952 and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 22, 1952

Sacred Heart Cemetery

7401 German Hill Rd. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

901 S. Conkling St.

VS 150

1952 10618

BALTIMORE FREE PRESS & OPINION
CREDIT STATE OF DEATH

Nov. 1, 1902

DECEASED

WILLIAM E. JAMES

BALTIMORE

WILLIAM E. JAMES

Oct. 30, 1902

DECEASED

WILLIAM E. JAMES

WILLIAM E. JAMES

DECEASED

WILLIAM E. JAMES

WILLIAM E. JAMES

WILLIAM E. JAMES

WILLIAM E. JAMES

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WILLIAM E. JAMES

WILLIAM E. JAMES

WILLIAM E. JAMES

WILLIAM E. JAMES

WILLIAM E. JAMES

CERTIFICATE CORRECTED 12-3-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10619

432
52 10619

1. NAME OF DECEASED (Type or Print) FRANK A. HOLTZ			2. DATE OF DEATH November 19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 702 S. Highland Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore About 40 yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 702 S. Highland Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 12, 1890		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10B. KIND OF BUSINESS OR INDUSTRY National Brewery.	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Holtz			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Katherine Holtz 702 S. Hoghland Ave		
18. 760x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes Mellitus DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH Instantly Unknown		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 10, 1952 to Nov. 19, 1952 that I last saw the deceased alive on Nov. 18, 1952 and that death occurred at 3:30 P.M. from the causes and on the date stated above.					
23A. SIGNATURE Jason W. Gaskel		23B. ADDRESS 637 S. Conkling St.		23C. DATE SIGNED Nov. 21, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 22, 1952		24C. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM	
24D. LOCATION (City, town, or county) (State) 7401 GERMAN HILL RD		25. FUNERAL DIRECTOR Charles S. Gierke			
DATE RECEIVED BY LOCAL REGISTRAR NOV 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

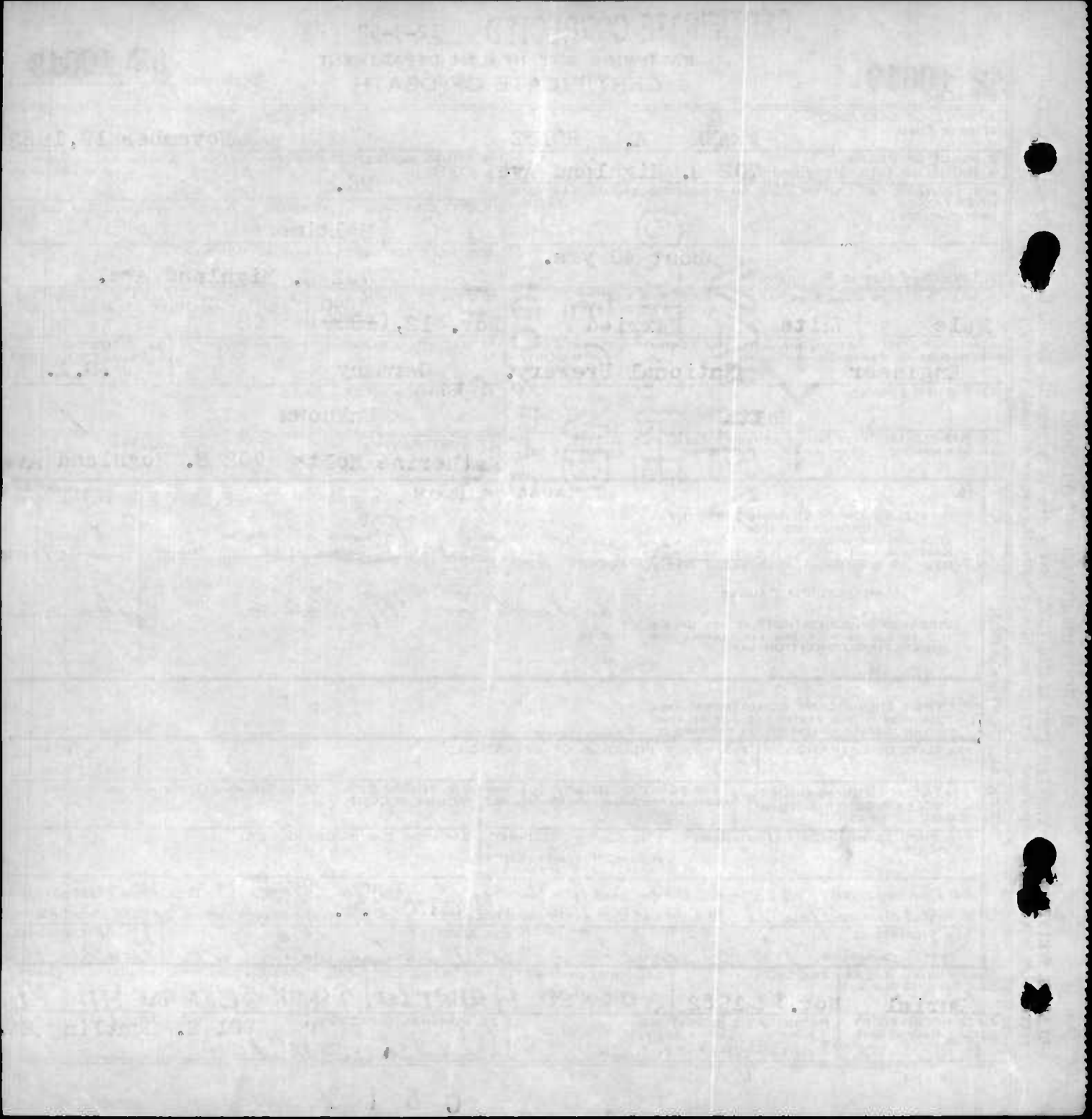
VS 150

105205838661

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. The cause of death is especially important. Physicians: please write the causes of death clearly and correctly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10620
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Taylor

2. DATE
OF
DEATH

11-20-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

112 WARREN AVE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Nov.-14, 1889

9. AGE (In years
last birthday)

63

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEKEEPER

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

TEXAS

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

LEWIS

WHITING

14. MOTHER'S MAIDEN NAME

MARIE DI ROZELLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

—

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

GEO. F. OBRECHT

ADDRESS

112 WARREN AVE.

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) H. C. U. D.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertrophic Arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17, 1952 to 11-20, 1952, that I last saw the deceased alive on 11-19, 1952, and that death occurred at 10 am., from the causes and on the date stated above.

23A. SIGNATURE

G. Ramsey

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11-20-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11/22/52

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

FREDERICK ROAD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John F. Denny, Inc.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC. 715 LIGHT ST -30

35 17830

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY

17830

PLANT AND SOIL

17830

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10621**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATHERINE M. OSTERMANN

2. DATE
OF
DEATH

Nov. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE, MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

114 N. STREEPER ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

114 N STREEPER ST.

c. Length of stay in Baltimore

89 YRS.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Feb. 16, 1863

9. AGE (in years,
last birthday)

89

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John BAUERNFEIND

14. MOTHER'S MAIDEN NAME

ANNA HOFFMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MR. GENEVIEVE BEHR 114 N. STREEPER ST.

18. 4 yr. 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypostatic pneumonia

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

arteriosclerotic cardiovascular
disease

40 yr.

DUE TO

(C)

old age

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to Nov 19, 1952, that I last saw the deceased alive on Nov 19, 1952, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. Benton V. Losh MD

23B. ADDRESS

2936 E. Balto St

23C. DATE SIGNED

11/21/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Nov. 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BALTIMORE MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

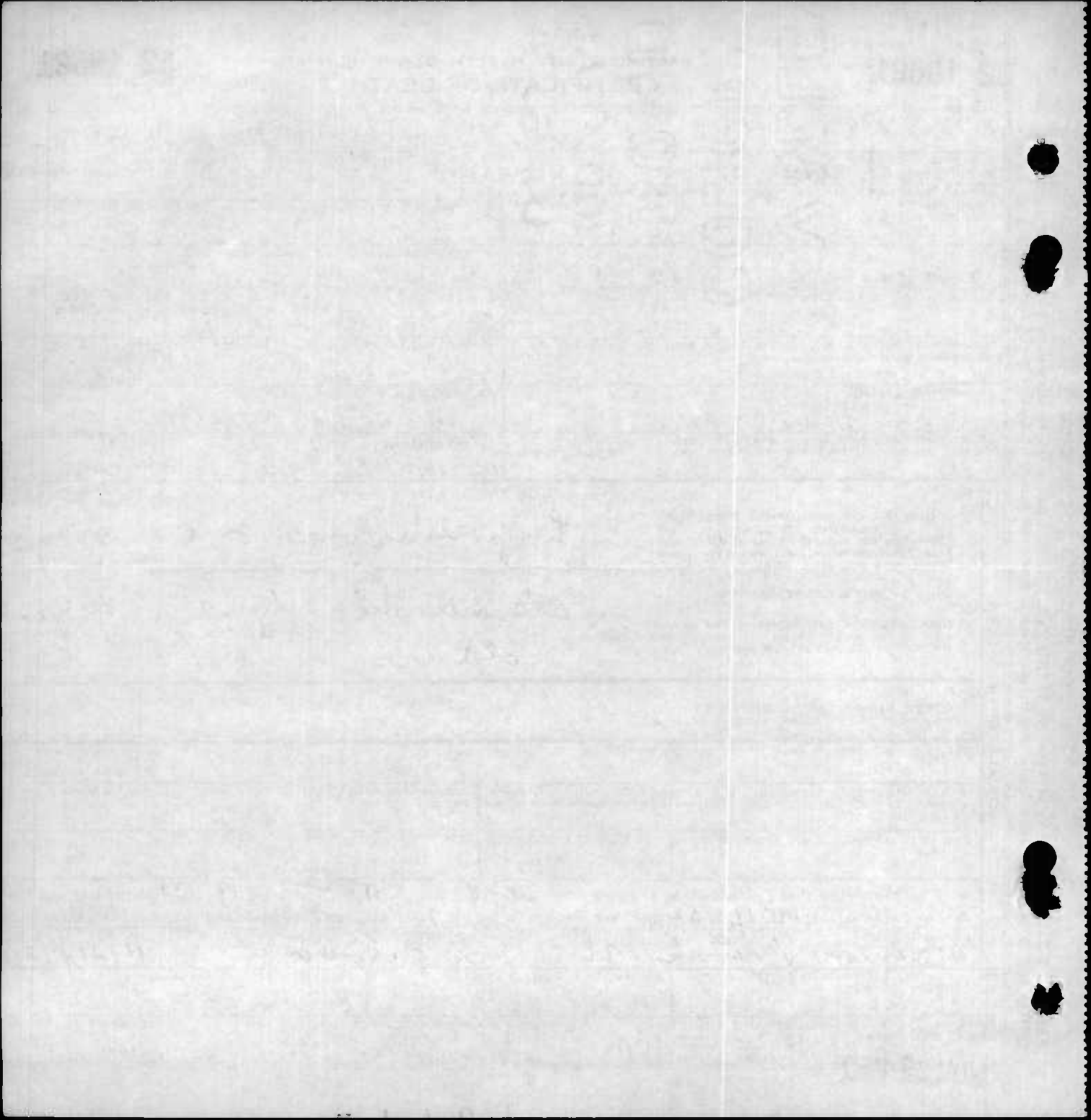
25. FUNERAL DIRECTOR

ADDRESS

B. DABROWSKI 281 E. BALTIMORE ST.

NOV 22 1952

1952 0010621



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10622

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fred W. Thompson

2. DATE

OF

DEATH

November 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE

B. COUNTY

Ky.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Lexington

D. STREET ADDRESS (If rural, give location)

411 Cochran Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-21-94

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Supt. Construction

10B. KIND OF BUSINESS OR
INDUSTRY

Lehman Roberts Co. Ky.

11. BIRTHPLACE (State or foreign country)

Indiana

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lynn Thompson

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of the lung

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-29, 1952, to 11-21, 1952, that I last saw the
deceased alive on 11-21, 1952, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Hedeman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

11/23/52

24C. NAME OF CEMETERY OR CREMATORY

-

24D. LOCATION (City, town, or county)

Lexington, Ky.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons

ADDRESS

Baltimore 17, Md.

NOV 22 1952

VS 150

1952 0299 3046

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and fully.

CERTIFICATE OF DEATH

1. Name of Deceased: [Illegible]

2. Sex: [Illegible]

3. Age: [Illegible]

4. Date of Birth: [Illegible]

5. Date of Death: [Illegible]

6. Place of Death: [Illegible]

7. Cause of Death: [Illegible]

8. Signature of Physician: [Illegible]

9. Signature of Registrar: [Illegible]

10. Date of Registration: [Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10623**

BIRTH NO. **52 10623**

1. NAME OF DECEASED (Type or Print) SARA R. BARCUS			2. DATE OF DEATH 11-21-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 28-41		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3720 GWIN OAK AVE.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Feb. 24, 1890	9. AGE (In years last birthday) 62	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Houston Todd Barcus			14. MOTHER'S MAIDEN NAME Bertha Reed		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. John W. Barcus - 3720 Gwynn Oak Ave. Woodlawn, Md.		

18. 4 yr. 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fatigue and reduced Congestive Failure	CAUSE OF DEATH (A) Arteriosclerotic Cardiovascular Dis. DUE TO (B) Weakened Myocardium DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
	19A. DATE OF OPERATION 7 19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-24**, 19**52** to **11-1**, 19**52**, that I last saw the deceased alive on **11-1**, 19**52**, and that death occurred at **12:30** a.m., from the causes and on the date stated above.

23A. SIGNATURE **John W. Loper Jr.** 23B. ADDRESS **University Hospital** 23C. DATE SIGNED **11-21-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **11/24/52** 24C. NAME OF CEMETERY OR CREMATORY **Lorraine Park Cem.** 24D. LOCATION (City, town, or county) (State) **Woodlawn, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **NOV 22 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR'S ADDRESS **Wm. J. Pickner & Sons**

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10624**

1. NAME OF DECEASED (Type or Print) BARBARA MOTT			2. DATE OF DEATH November 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 15 Mo.			D. STREET ADDRESS (If rural, give location) 4303 Forest Park Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Sept. 13, 1951		9. AGE (In years last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John R. Mott			14. MOTHER'S MAIDEN NAME Charlotte M. Russo		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, do or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS Mr. John R. Mott 4303 Forest Park Ave.		

18. E 924.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxia due to strangulation DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Asphyxia due to strangulation			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION Nov. 21, 1952		19B. MAJOR FINDINGS OF OPERATION Home				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 4303 Forest Park Avenue				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 21, 1952 10:00 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Identification Accidentally hanged self with / chain				
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , <u>accident</u> <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
23A. SIGNATURE <i>William B. ...</i>				23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 21, 1952		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/24/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Baltimore Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 22 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS John T. Stansbury 2700 Edmondson Ave.				

VS 151

N-991X, 0520010616

Baby + brother playing
in play pen

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10625

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sandra Lynn Scott

2. DATE
OF
DEATH

20 Nov 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

723 W. Fayette St.

c. Length of stay in Baltimore

2

5. SEX

F

6. COLOR OR RACE

Nurse

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 16, 1902

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Harry Scott

14. MOTHER'S MAIDEN NAME

Louise Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Louise Scott W. Fayette St

18.

571.0 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Acidosis
DUE TO

y d.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Diarrhea, Acute
DUE TO

y d.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Nov, 1952, to 20 Nov, 1952, that I last saw the
deceased alive on 19 Nov, 1952, and that death occurred at 10:29 am., from the causes and on the date stated above.

23A. SIGNATURE

A. M. Powers Jr.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

20 Nov 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/1/1962

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams, Schenck St

ADDRESS

322 N.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10626

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Kerr

2. DATE
OF
DEATH

Nov. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

H. P. O. P. O.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHN HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give

township)

D. STREET ADDRESS (If rural, give location)

3408 13th Pl. S. E.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wendell Kerr

14. MOTHER'S MAIDEN NAME

Dorothy Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHN HOPKINS HOSPITAL ADDRESS

18.

576X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Bronchiectasis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 1/2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 11-7-1952 to 11-22-1952 that I last saw the
deceased alive on 11-22-1952, and that death occurred at 7:35 A. M., from the causes and on the date stated above.

23A. SIGNATURE

S. H. Kaiser

23B. ADDRESS

JOHN HOPKINS HOSPITAL

23C. DATE SIGNED

11/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1952

Huntington Williams, M.D.

John Staefer

Baltimore Md

VS 150

5200

Baltimore Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and correctly.

36 10838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1958

Form with multiple sections for recording death information, including fields for name, date, time, place, cause of death, and signature. The form is oriented horizontally but contains vertical text labels for various fields.

NAME OF DECEASED: [illegible]

DATE OF DEATH: [illegible]

TIME OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

CAUSE OF DEATH: [illegible]

SIGNATURE OF PHYSICIAN: [illegible]

SIGNATURE OF REGISTRAR: [illegible]

0 1 1 0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 10627

BIRTH NO.

(HENRY H. GONTRUM)

1. NAME OF DECEASED
(Type or Print)

Gontrum, Mr Henry H

2. DATE
OF
DEATH

22-11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Church Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1600 E 28th St

28th St

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 10, 1877

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

74

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Office

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Gontrum, Mr Henry H.

14. MOTHER'S MAIDEN NAME

Clarridge, Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO. (If yes, give war or dates of service)

220-09-6098

17. INFORMANT

Patient

ADDRESS

18.

470.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

one week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 1952 to 11-22, 1952, that I last saw the deceased alive on 11-22, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

11-22-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/25/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

BALTO., 13, MD.

ADDRESS

George F. Sander

VS 150

95200990619

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 10628**

52 10628

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nelson J. Pearsall, SR.

2. DATE
OF
DEATH

Nov. 21-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

(Before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE **Baltimore City Hospitals**
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2823 Elliott St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Nov. 13-1894

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Tobacco

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

S. Joseph Pearsall

14. MOTHER'S MAIDEN NAME

Harriett Stiles

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

216-03-6442

17. INFORMANT'S ADDRESS

**Baltimore City Hospitals
Records: 4940 Eastern Ave.**

18. **007X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Far Advanced Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

Cavitation

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Cirrhosis of Liver

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-10-**, 19**52**, to **11-21-**, 19**52**, that I last saw the
deceased alive on **11-21-**, 19**52**, and that death occurred at **5.30AM** from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

4940 Eastern Ave. Baltimore, Md.

23C. DATE SIGNED

11-21-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/24/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

[Signature]

VS 150

5 248 067 0 6 2 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly stated. The cause of death should be stated in full. Physicians: please write the causes of death clearly and legibly. If age is stated, it should be in full.

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UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF PUBLIC HEALTH

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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 10629**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARENCE E. HARE, SR.

2. DATE
OF

DEATH Nov. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

1849 E. 29th Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1849 E. 29th Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 21, 1882

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Terminal & Ware-
house Co.

11. BIRTHPLACE (State or foreign country)

Baltimore City

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Charles Hare

14. MOTHER'S MAIDEN NAME

Frances Lovett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

212-22-5552

17. INFORMANT

Mrs. Carrie A. Hare -1849 E. 29th St.

ADDRESS

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

7 mo.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Nov 18, 1952 that I last saw the deceased alive on June 18, 1952, and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/22/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. SANDER & SONS, INC
North Ave. & Broadway

ADDRESS

11/20/52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10630

Registered No.

52 10630

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
THEODORE JOSEPH PETERSEN		Nov 19th 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 40 yrs Days		D. STREET ADDRESS (If rural, give location) 1335 E. Clement Street - 30	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 19
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10B. KIND OF BUSINESS OR INDUSTRY Martin White Co.	9. AGE (in years last birthday) 67
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 217-03-9005	
17. INFORMANT Mrs. Petersen		ADDRESS 1335 Clement St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 163x I CAUSE OF DEATH Right hemo-hydrothorax		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Rt lung			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 21		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK AT NIGHT		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 13th, 1952, to Nov. 19th, 1952, that I last saw the deceased alive on Nov. 19th, 1952, and that death occurred at 10:05 pm., from the causes and on the date stated above.			
23A. SIGNATURE E. P. Coffey Jr.		23B. ADDRESS 1400 N. Caroline Street - 13	
23C. DATE SIGNED Nov. 19th 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/29/52	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 22 1952		25. FUNERAL DIRECTOR Huntington Williams, M.D. Chas F. Dill 1501 6th St Ave.	

VS 150

1952 554360 622

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered 52 10631

52 10631-2-27723

1. NAME OF DECEASED (Type or Print) BABY GIRL HARTMANN			2. DATE OF DEATH Nov. 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4012 Belwood Ave. #6		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Nov. 18, 1952		9. AGE (In years last birthday) Under 1 Year Months Days If Under 24 Hours Hours Min. 1 30
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.	
13. FATHER'S NAME CARL HARTMANN			14. MOTHER'S MAIDEN NAME Victoria Malatesta		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cardio-respiratory failure (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO Prematurity		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? 7:18 p.m.	
22. I hereby certify that I attended the deceased from Nov. 18, 1952 to Nov. 18, 1952 , that I last saw the deceased alive on Nov. 18, 1952 , and that death occurred at 8:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Nathaniel Tirona - Cortez		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 11/18/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE NOV 22 52		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	
24D. LOCATION (City, town, or county) (State) BALTO. MD.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 22 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Harry H. Wyle		25B. ADDRESS Balt. Md.			

VS 150

18520010623

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1000

STANDARD INDUSTRIAL

1000

1000

1000

1000

1000

1000



1000

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

C-420

52 10632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10632
Registered No.

BIRTH NO. <i>None</i>		1. NAME OF DECEASED (Type or Print) <i>James Francis Close</i>		2. DATE OF DEATH <i>Nov. 22, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Bed. H. 3</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>GARRETT</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Oakland</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>4th St. apt 6</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>11-17-52</i>	9. AGE (In years last birthday) <i>5</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>md.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Wilbur Close</i>		14. MOTHER'S MAIDEN NAME <i>Frances</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>756. ✓</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Tracheo esophageal fistulae.</i> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>Present at birth</i>	
19A. DATE OF OPERATION <i>11/21/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Tracheo esophageal fistulae</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-21-1952</i> to <i>11-22-1952</i> that I last saw the deceased alive on <i>11-22-1952</i> and that death occurred at <i>10:00 a.m.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Thomas E. Parkeholder</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11/22/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24B. DATE <i>Nov-22/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oakland, Md</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <i>Wm. Cook, Inc.</i>		ADDRESS <i>1217 St Paul St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 23 1952</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams</i>			

VS 150

52 20010624

1912

CERTIFICATE OF DEATH

1912

NAME OF DECEASED
RESIDENCE
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH

NAME OF DECEASED
RESIDENCE
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH

NAME OF DECEASED
RESIDENCE
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH

NAME OF DECEASED
RESIDENCE
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH

NAME OF DECEASED
RESIDENCE
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH

W-436

52 10633

CERTIFICATE CORRECTED 12/8/52 ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 10633

Registered No. _____

BIRTH NO. **MLB. 164907**

1. NAME OF DECEASED (Type or Print) Minnie Waldron			2. DATE OF DEATH 11-22-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03		
c. Length of stay in Baltimore 21 yrs Yrs. 21 Mos. 0 Days 0			D. STREET ADDRESS (If rural, give location) 102 Scott St		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 12, 1877		9. AGE (in years, last birthday) 75 ?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records: Baltimore City Hospitals 4940 Eastern Ave		

18. 174X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis skeletal system and some evidence of large bowel lesion. Carcinoma of uterus (removed 5 years ago) Generalized Arteriosclerosis 1 yrs			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 11-22-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-12- , 19 52 , to 11-22- , 19 52 that I last saw the deceased alive on 11-22- , 19 52 , and that death occurred at 8:00 AM from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern Ave Balto Md.		23C. DATE SIGNED 11-22-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE Nov-22/52		24C. NAME OF CEMETERY OR CREMATORY Fair View	
24D. LOCATION (City, town, or county) (State) Roomake, Va		25. FUNERAL DIRECTOR ADDRESS Wm Cook Inc - 1217 St Paul ST,			
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1952		REGISTRAR'S SIGNATURE Huntington Williams			

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See query reply in Document file.

H-400

52 10634

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10634

BIRTH NO. 52-28076

1. NAME OF DECEASED

(Type or Print)

Baby Girl Hill

2. DATE
OF
DEATH

11-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland St. Agnes Hospital

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md

Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Daniels, Md.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11-20-52

9. AGE (In years
last birthday)10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland - St Agnes Hosp

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Eugene Hill

14. MOTHER'S MAIDEN NAME

Mary Myrtle Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Eugene Hill Daniels Md

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 21, 1952 to Nov. 23, 1952 that I last saw the
deceased alive on Nov 23, 1952 and that death occurred at 4:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

52 10635

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10635

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LULA BELLE MAYO

2. DATE
OF
DEATH

20 November 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1425 Madison Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-02

c. Length of stay in Baltimore

20

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1425 Madison Ave.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2 Oct 1906

9. AGE (In years
last birthday)

46

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Halifax Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Lawson

14. MOTHER'S MAIDEN NAME

Matthe Wade

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Matthe Lawson 1425 Madison Ave

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Neoplasm of ovary

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4th 1950, to Nov 19th 1952, that I last saw the deceased alive on Nov 20th 1952, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James D. Carr

M. D.

23B. ADDRESS

1425 Madison Ave

23C. DATE SIGNED

11/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

5. FUNERAL DIRECTOR

ADDRESS

NOV 23 1952

Huntington Williams, M.D.

Funeral Home

1631 Druid Hill Ave

80001 52

80001 52

UNITED STATES GOVERNMENT
OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C. 20315

VALLEY
COMMENTS
BOND

A-325
52 10636BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10636

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Adkins, William M.

2. DATE
OF
DEATH

November 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-02

D. STREET ADDRESS (If rural, give location)

1532 N. Appleton St.

c. Length of stay in Baltimore

28 yr.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.

M.

Colores

Married

July 15, 1897

35

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cleaner

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Carter Adkins

14. MOTHER'S MAIDEN NAME

Sarah Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT
Mrs. Mary Adkins
1532 N. Appleton St.

18.

541.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral aneurysm

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Post-operative Gastroenteritis 10 days

(C)

Duodenal ulcer

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

November 11, 1952

19B. MAJOR FINDINGS OF OPERATION

Gastritis, chronic

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 1, 1952 to November 21, 1952, that I last saw the
deceased alive on Nov. 21, 1952, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. O. Reilly

23B. ADDRESS

M. D.

1100 N. Caroline St.

23C. DATE SIGNED

Nov. 21, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1952

Huntington Williams, M.D.

Halligan Funeral Home
1615 Grand Hill Ave.

52069051620

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be actually ascertained. The cause of death is especially important. Physicians write the causes of death clearly and legibly.

52 10637

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10637

Registered No.

1. NAME OF DECEASED (Type or Print) BENJAMIN DUBOIS			2. DATE OF DEATH 11-21-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 42 Sena			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-10		
c. Length of stay in Baltimore 4 1/2 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3821 Durrington Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH		9. AGE (in years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10B. KIND OF BUSINESS OR INDUSTRY Shoe	11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Maurice		14. MOTHER'S MAIDEN NAME Sarah			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Lilly Dr. Fox - Home	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hemorrhage, retroperitoneal, due to rupture of aorta			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive arteriosclerotic heart disease					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 11-21-52		19B. MAJOR FINDINGS OF OPERATION Retroperitoneal Hemorrhage			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 20 , 19 52 , to Nov 21 , 19 52 , that I last saw the deceased alive on Nov 21 , 19 52 , and that death occurred at 2:35 P m. , from the causes and on the date stated above.					
23A. SIGNATURE Joseph L. Feingold		23B. ADDRESS Sinai Hosp. Balto Md		23C. DATE SIGNED 11-21-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-20-52		24C. NAME OF CEMETERY OR CREMATORY Snar Israel	
24D. LOCATION (City, town, or county) Balto Md		25. FUNERAL DIRECTOR Huntington Williams, M. Rex Lewis 2100 Butaw Rd			
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1952		REGISTRAR'S SIGNATURE VS 150			

2906F.

H-1100
52 10638BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10638
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary B. Hill

2. DATE
OF
DEATH

11-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1610 Druid Hill Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Baltimore City

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1610 Druid Hill Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City 14-02

D. STREET ADDRESS (If rural, give location)

1610 Druid Hill Ave

c. Length of stay in Baltimore

8 yrs

Yrs.
Mos.
Days

5. SEX

Fem

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 4-1904

9. AGE (In years
last birthday)

47

11 Under 1 Year
Months Days Hours Min.

11 19

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Beautician

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Princess Anne Somerset Md U.S.A

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Hale

14. MOTHER'S MAIDEN NAME

Dessie C. Carmichael

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Benjamin F. Hill 1610 Druid Hill Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertensive Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Ponine Hemorrhage

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

William V. V. V.

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

11-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Princess Anne

24D. LOCATION (City, town, or county)

Princess Anne Somerset Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles H. Ward Marion Md.

ADDRESS

V S 151

MARGIN RESERVED FOR BINDING
PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BRIDGE 2

BRIDGE 2

BRIDGE 2

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

52 10639

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10639

BIRTH NO.

1. NAME OF DECEASED (Type or Print) AARON SHEPTINSKY		2. DATE OF DEATH 11-22-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE M.D. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 15-02	
c. Length of stay in Baltimore 4 yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1701 BAKER ST	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 10/6/06
9. AGE (In years last birthday) 46		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		11. BIRTHPLACE (State or foreign country) Poland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Charles Sheptinsky	
14. MOTHER'S MAIDEN NAME Gittel Sheptinsky		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Charlotte Eppel ADDRESS 2667 Oswego ave	

18. 470.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute myocardial infarction with pulmonary edema		CAUSE OF DEATH (A) Acute myocardial infarction with pulmonary edema (B) arteriosclerotic heart disease (C) Pulmonary edema; obesity		INTERVAL BETWEEN ONSET AND DEATH 4 days
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11/21/52 , 19 52 , to 11/22/52 , 19 52 , that I last saw the deceased alive on 11/22/52 , 19 52 , and that death occurred at 10:00 pm. , from the causes and on the date stated above.				
23a. SIGNATURE Dr. E. P. ...		23b. ADDRESS Lutheran Hospital		23c. DATE SIGNED 11-22-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov 24/52	24C. NAME OF CEMETERY OR CREMATORY New York City	24D. LOCATION (City, town, or county) (State) N.Y.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Sol. Lewenson & Baw		ADDRESS 1426 W North ave

2906A

Page 1

STATE OF NEW YORK

CERTIFICATE OF DEATH

Page 1

Name of Deceased		Date of Birth		Date of Death	
Sex		Race		Place of Birth	
Marital Status		Occupation		Cause of Death	
Signature of Physician		Signature of Registrar		Signature of Coroner	
Date of Signature		Date of Signature		Date of Signature	

01801 37

RECEIVED
FEB 10 1961

01801 37

1 5 0 0

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10641

HANNAH SCHWEIKERT
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10641

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hannah Schweikert

2. DATE
OF
DEATH

11/21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Md B. COUNTY Balt

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)

Twilight Nursing Home
1913 Eutaw place

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt Md 12-03

C. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural give location)

1913 Eutaw place

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6/7/1876

9. AGE (In years last birthday)

76

If Under 1 Year Months: Days

5 14

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

nurse

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

Balt Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Schweikert

14. MOTHER'S MAIDEN NAME

Hannah Knox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Katherine M Baxter 38 E 27th

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

196x

CAUSE OF DEATH

carcinoma of bone

INTERVAL BETWEEN ONSET AND DEATH

sev mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

cachexia

1 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Oct. 1, 1952 to Nov 21, 1952 that I last saw the deceased alive on Nov. 19, 1952, and that death occurred at 1:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

E. C. Clow Jr. M. D.

23B. ADDRESS

2431 MARYLAND AVENUE

23C. DATE SIGNED

11-22-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/24/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Old Fennel Rd MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

David R. Martin

ADDRESS

1902 Eutaw

CERTIFICATE OF DEATH

1000000000

1000000000

Blank area for registration details and medical history.

Blank area for cause of death and medical notes.

Blank area for additional information and signatures.

Blank area for official use and stamps.

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ellen Allen

2. DATE
OF
DEATH

11/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

535 W. Lee St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 22-02

D. STREET ADDRESS (If rural, give location)

535 W. Lee St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Cal

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

3/11/1872

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dorothy Williams 1320 N. 1st St

18.

477.2 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis

Unknown

ANTECEDENT CAUSES

(B) DUE TO

General Senile Deterioration

Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 22, 1952, to Nov. 19, 1952, that I last saw the
deceased alive on Nov. 19, 1952, and that death occurred at 5 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Colin L. Gaines

M.D.

23B. ADDRESS

525 W. Hamburg St

23C. DATE SIGNED

11/21/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/23/52

24C. NAME OF CEMETERY OR CREMATORY

Wayman

24D. LOCATION (City, town, or county)

Arundel Co., Md

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Charles A. Rice - 661 W. Barre St

ADDRESS

25 1000

25 1000

25 1000

25 1000

52 10643

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10643

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Smith, Paul Thomas

2. DATE
OF
DEATH

November 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1724 Ramsay St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

April 23, 1887

9. AGE (in years
last birthday)

65

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Mount Claire Shop

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John S.

R.R.

14. MOTHER'S MAIDEN NAME

Frances Marlot

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Paul Smith-1724 Ramsay St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial failure, postoperative

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Asthma; Emphysema, lungs

19A. DATE OF OPERATION

November 17, 1952

19B. MAJOR FINDINGS OF OPERATION

Emphysema, lungs

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 11, 1952 to November 17, 1952, that I last saw the
deceased alive on Nov. 11, 1952, and that death occurred at 5:26 p.m., from the causes and on the date stated above.

23A. SIGNATURE

B. B. B. B. B.

M. D.

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

Nov. 18, '52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-21-52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George A. Farley Catonsville, Md.

ADDRESS

VS 150

52 10643

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1967-1968

1967-1968

1967-1968

1967-1968

1967-1968

1967-1968

52 10644

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10644

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Miss Margaret O'Brien</i>		2. DATE OF DEATH <i>Nov. 22 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3065 Strickland St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>3065 STRICKLAND ST.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 20-06</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3065 STRICKLAND ST.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	8. DATE OF BIRTH <i>Feb. 22, 1968</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>	9. AGE (In years last birthday) <i>84</i>
11. BIRTHPLACE (State or foreign country) <i>MD.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>MICHAEL O'BRIEN</i>		14. MOTHER'S MAIDEN NAME <i>MARGARET DAILY</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Alice Hiemmueller</i>		ADDRESS <i>3065 Strickland St.</i>	

18. <i>4721 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Thrombosis</i> DUE TO	CAUSE OF DEATH <i>Cerebral Thrombosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic C.V. Dis.</i> DUE TO	<i>Arteriosclerotic C.V. Dis.</i>	<i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hypothyroidism</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept.</i> , 19 <i>49</i> to <i>Nov 22</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Nov 21</i> , 19 <i>52</i> , and that death occurred at <i>9:30</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Lester A. Hall Jr</i>		23B. ADDRESS <i>1005 St. Paul</i>		23C. DATE SIGNED <i>Nov 22 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-25-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		24E. FUNERAL DIRECTOR <i>George A. Forley</i>		ADDRESS <i>Catonville, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRY <i>NOV 24 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>George A. Forley</i>	

VS 150

520010636

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1951 12

254 10 0 0 0 0

1951 12



H-610

52 10645

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10645

BIRTH NO.

87-14941

1. NAME OF DECEASED
(Type or Print)

William Carroll Harvey

2. DATE
OF
DEATH

11-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION.

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Monkton

C. Length of stay in Baltimore

3 days.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

53-00

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 5, 1951

9. AGE (In years
last birthday)

1 yr.

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Harvey

14. MOTHER'S MAIDEN NAME

Dorothy Ebaugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congenital Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Nov 19, 1952 to Nov 21, 1952 that I last saw the
deceased alive on Nov 21, 1952 and that death occurred at 11:20 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Harvey S. Green, Jr.

M.O.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

11-22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

Monkton Methodist Cemetery

24D. LOCATION (City, town, or county)

Monkton, Balto. Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John Burns' Sons, Towson, Maryland

VS 150

19520010637

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATEMENTS OF DEATH

1. Name of deceased

2. Rank or position

3. Service number

4. Date of death

5. Place of death

6. Cause of death

7. Name of informant

8. Signature of informant

9. Signature of commanding officer

10. Signature of medical officer

11. Signature of chaplain

12. Signature of adjutant

13. Signature of quartermaster

14. Signature of commissary

15. Signature of paymaster

16. Signature of surgeon

17. Signature of dentist

18. Signature of pharmacist

19. Signature of veterinarian

20. Signature of hospital steward

21. Signature of hospital clerk

22. Signature of hospital orderly

23. Signature of hospital nurse

24. Signature of hospital attendant

25. Signature of hospital porter

26. Signature of hospital janitor

27. Signature of hospital cook

28. Signature of hospital baker

29. Signature of hospital laundryman

30. Signature of hospital cooper

31. Signature of hospital carpenter

32. Signature of hospital blacksmith

33. Signature of hospital cooper

34. Signature of hospital cooper

35. Signature of hospital cooper

36. Signature of hospital cooper

37. Signature of hospital cooper

38. Signature of hospital cooper

39. Signature of hospital cooper

40. Signature of hospital cooper

41. Signature of hospital cooper

42. Signature of hospital cooper

43. Signature of hospital cooper

44. Signature of hospital cooper

45. Signature of hospital cooper

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10646

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William I. Merrick

2. DATE
OF
DEATH

November 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med-Thorp

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

Frederick

C. CITY OR TOWN

Mount Airy

60-00

D. STREET ADDRESS (If rural, give location)

Hill Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-23-92

9. AGE (In years
last birthday)

60

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Signal maintainer

10B. KIND OF BUSINESS OR
INDUSTRY

B & O R.R.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Oliver Merrick

14. MOTHER'S MAIDEN NAME

Annie E. Lightfoot

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

705-07-4585

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Intracerebral hemorrhage, left

DUE TO

(B) Hypertensive Cardiovascular

DUE TO

Disease

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19, 1952, to 11-23, 1952, that I last saw the
deceased alive on 11-23, 1952, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Norman S. Shaw M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11-26-1952

24C. NAME OF CEMETERY OR CREMATORY

Pine Grove

24D. LOCATION (City, town, or county)

Mt. Airy, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

C. M. Waltz, Winfield, Md.

ADDRESS

VS 150

E 2503 50 630

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H. 5310

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10647
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. HENDERSON

2. DATE
OF
DEATH

November 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville

D. STREET ADDRESS (If rural, give location)

338 Lambeth Road

c. Length of stay in Baltimore

55 yrs. Yrs. Mos. Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 8, 1888

9. AGE (In years last birthday)

64

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pressman

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Printing & Lith. Co.

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Henderson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212 09 9640

17. INFORMANT

ADDRESS

Mrs. Mamie Henderson, 338 Lambeth Rd.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Catonsville, Md.

INTERVAL BETWEEN ONSET AND DEATH

(A) Arteriosclerotic cardiovascular disease

500000

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Coronary occlusion

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Henderson

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Nov. 21, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 24/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore 29, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Harry A. Hutzler

25. FUNERAL DIRECTOR

ADDRESS

4101 E. amondson Ave.

VS 151

5314M

STAMP 56

STAMP 56

52 10648

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Amelia Tucker

2. DATE
OF
DEATH

Nov. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4112 Edmondson Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4112 Edmondson Ave.

c. Length of stay in Baltimore

80 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 1861

9. AGE (In years last birthday)

91

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-----Heiss

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT 10220 98th St. S.W.
Clarence A. Tucker, Tacoma, Wash.

18.

4221

CAUSE OF DEATH

Zone 9

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute congestive cardiac failure

DUE TO Arteriosclerotic cardio-vascular disease, acute respiratory infection.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1949, to Nov. 19, 1952 that I last saw the deceased alive on Nov. 18, 1952, and that death occurred at 7:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4116 Edmondson Avenue

23C. DATE SIGNED

Nov 22 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 24/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

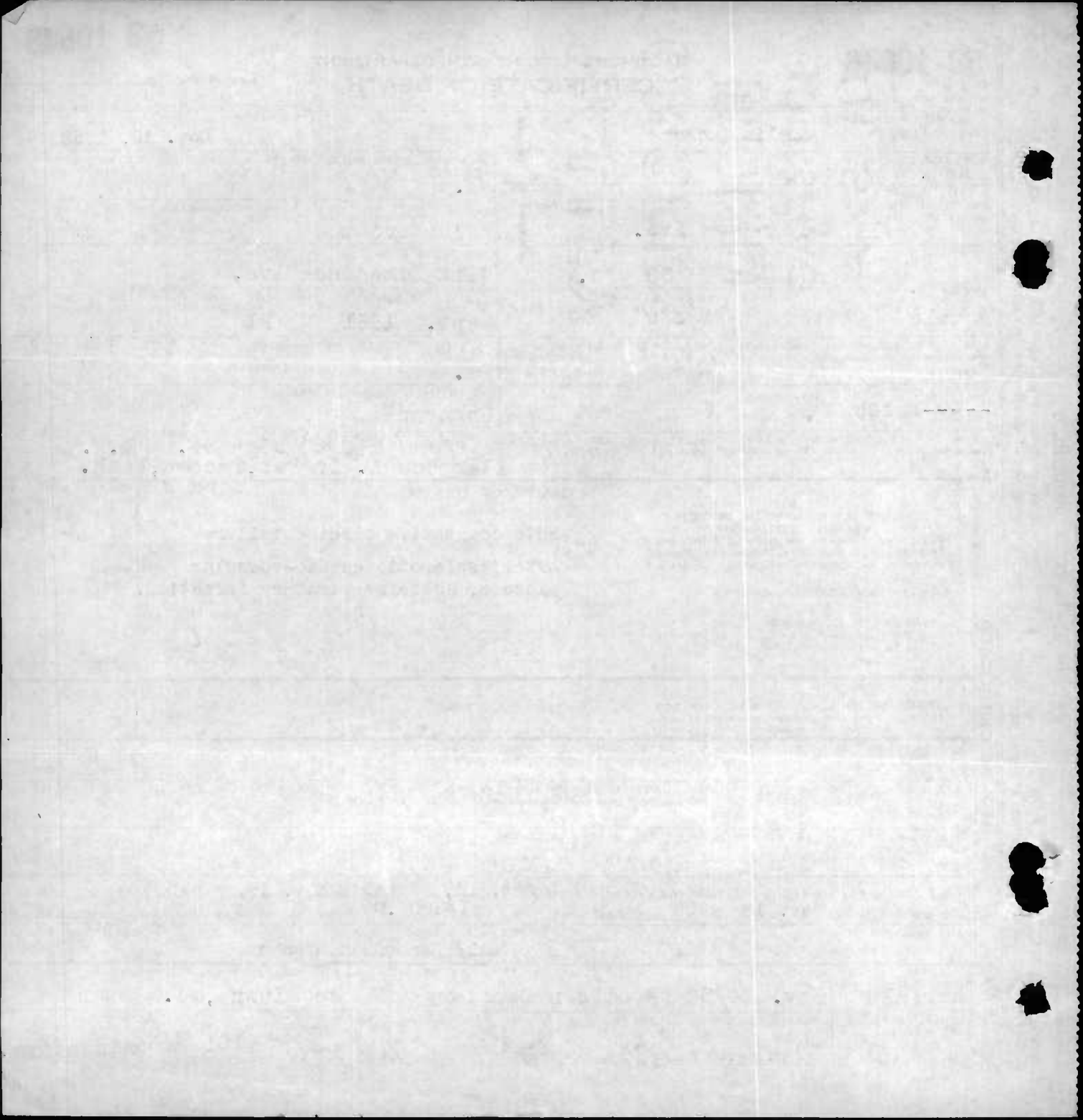
NOV 24 1952

Huntington Williams, M. Harry H. Witzke 4101 Edmondson Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



B-302

CERTIFICATE CORRECTED 12-3-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 10649
Registered No.

52 10649

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John. A. BEATTY

2. DATE
OF
DEATH

Nov. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

675 Washington Boulevard

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1882

9. AGE (In years
last birthday)

(72) 70

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Carpenter

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

-----Beatty

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles Beatty, 1608 Lemmon St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Coronary artery sclerosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
Nov. 20, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 24/52

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glen Burnie, A.A. CO. MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Larry A. Lintzke

ADDRESS

4101 Edmondson Ave.

V S 151

51024

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1941

1941



52 10650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10650

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary M. Sheppard

2. DATE
OF
DEATH

Nov. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2205 Mt.Holly St.,

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2205 Mt.Holly St.,

c. Length of stay in Baltimore

67- Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 20, 1885

9. AGE (in years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William D. Jean

14. MOTHER'S MAIDEN NAME

Buena V. Myers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

N.L. Jean 2105 Mt.Holly St.,

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

12 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

in.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18, 1952, to 11/21, 1952, that I last saw the
deceased alive on 11/21, 1952, and that death occurred at 3:52 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Reiter

M. O.

23B. ADDRESS

3408 Windsor Ave.

23C. DATE SIGNED

11/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-24-1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

NOV 24 1952

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully stated. The
cause of death is important. Physicians: please write the causes of death clearly and accurately.

Dr. Robert Q. Reiter
Thomas v. Hurdson
Lib. 1476

H-655

52 10651

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10651
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Sylvia Council HERMAN</i>		2. DATE OF DEATH <i>Nov. 20, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Hospital for the Women of Md.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospital for the Women of Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>57</i>		D. STREET ADDRESS (If rural, give location) <i>3626 PAINE ST</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>July 7, 1895</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>57</i>
13. FATHER'S NAME <i>George Baseman</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>SARAH McKinsey</i>	
17. INFORMANT <i>Thomas T. Herman</i>		ADDRESS <i>3626 Paine St</i>	
18. <i>593X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>glomerulonephritis</i> (B) DUE TO		<i>10 yrs</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-14</i> , 19 <i>52</i> to <i>11-20</i> , 19 <i>52</i> that I last saw the deceased alive on <i>11-19</i> , 19 <i>52</i> , and that death occurred at <i>3:30 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Edgar Earl Reinman</i>		23B. ADDRESS <i>Woman's Hospital, Baltimore</i>	
23C. DATE SIGNED <i>11-20-52</i>			
24A. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 24-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Woodland Park</i>		24D. LOCATION (City, town, or county) (State) <i>Parkville Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 24 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Frank X. Seitz</i>		ADDRESS <i>814 N. 36th St.</i>	

VS 150

19520010643

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

10001 58

10001 57

10001 58

52 10652

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10652
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George M. Strain*2. DATE
OF
DEATH*Nov 22nd 52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Md.*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*801 Washington Blvd.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**21-02*

D. STREET ADDRESS (If rural, give location)

801 Washington Blvd

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*widowed*

8. DATE OF BIRTH

*12/10/1895*9. AGE (In years
last birthday)*66*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*machinist*10B. KIND OF BUSINESS OR
INDUSTRY*Elevator Engineering Co.*

11. BIRTHPLACE (State or foreign country)

*Baltimore Md.*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

George W. Strain

14. MOTHER'S MAIDEN NAME

*Mollie Martin*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs Audrey L. Strain*INTERVAL BETWEEN
ONSET AND DEATH

18.

334X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Broncho - pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

*Right Hemiplegia
Arterio Sclerosis*

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8/10*, 19*50*, to *11/22*, 19*52*, that I last saw the
deceased alive on *11/22*, 19*52*, and that death occurred at *6:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Joseph E. Lawcartis

M. D.

23B. ADDRESS

679 Washington Blvd

23C. DATE SIGNED

*11/22/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

11/25/52

24C. NAME OF CEMETERY OR CREMATORY

Landon Park Cem.

24D. LOCATION (City, town, or county)

*3801 Frederick Ave.*DATE RECEIVED BY
LOCAL REGISTRAR*NOV 24 1952*

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Bowman & Son Hollins

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10653

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE DANIELS

2. DATE
OF
DEATH

11-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Baltimore City Hospitals Aero Acres

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (if rural, give location)

54 Blister St.

c. Length of stay in Baltimore

1 hr

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/19/1893

9. AGE (In years last birthday)

59

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Press Operator

10B. KIND OF BUSINESS OR INDUSTRY

Alon L. Marten

11. BIRTHPLACE (State or foreign country)

Anne Arundel Co.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Daniels

AIRPLANE (A)

14. MOTHER'S MAIDEN NAME

Jennie Calvert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Mrs Lillian V. Daniels

ADDRESS

54 Blister St. Aero Acres

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Artery

ANTECEDENT CAUSES

(B)

DUE TO

Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

Hypertensive Cardiovascular Disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry + Inspection from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE,

Francis J. Januszewski

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

11-22-52

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial

24B. DATE

11/26/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Pk.

24D. LOCATION (City, town, or county)

Taylor Ave

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

2401 Hollins

VS 151

690 3T

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10654

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jessie Staiger

2. DATE
OF
DEATH

Nov. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Bldg. 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

30 Parkview St.

c. Length of stay in Baltimore

37

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-7-93

9. AGE (In years
last birthday)

59

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Jerome Lervel

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If Yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

4201

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute myocardial infarction

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive arteriosclerotic
cardiovascular disease

1 year

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11-20-1952 to 11-22-1952 that I last saw the
deceased alive on 11-22-1952 and that death occurred at 1:55 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Carol E. Johnson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/26/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem

24D. LOCATION (City, town, or county)

4430 Belair Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan & Son Hollins

ADDRESS

NOV 24 1952
VS 150

10001

THE BOARD OF HEALTH

10001

CERTIFICATE OF DEATH

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH.

1. Name of Deceased: _____

2. Sex: _____

3. Age: _____

4. Date of Death: _____

5. Place of Death: _____

6. Cause of Death: _____

7. Signature of Physician: _____

8. Signature of Registrar: _____

9. Signature of Coroner: _____

10. Signature of Burial Officer: _____

11. Signature of Minister: _____

12. Signature of Undertaker: _____

13. Signature of Mortician: _____

14. Signature of Embalmer: _____

15. Signature of Funeral Home: _____

16. Signature of Cemetery: _____

17. Signature of Burial: _____

18. Signature of Interment: _____

19. Signature of Burial: _____

20. Signature of Interment: _____

21. Signature of Burial: _____

22. Signature of Interment: _____

23. Signature of Burial: _____

24. Signature of Interment: _____

25. Signature of Burial: _____

B-622
52 10655

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10655

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard Burroughs

2. DATE
OF
DEATH

11-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

18-03

D. STREET ADDRESS (If rural, give location)

17 S. Arlington Ave

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/17/1944

9. AGE (In years last birthday)

8

10. Under 1 Year

Months

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

School Boy

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Howard R. Burroughs

14. MOTHER'S MAIDEN NAME

Lillian P. Pettie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr Howard R. Burroughs 17 S. Arlington Ave

18.

E919.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Gun shot wound of

DUE TO

ANTECEDENT CAUSES

(B)

Head

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR?

17 S. Arlington Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

1/22/52. 4p. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot by brother while playing.

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William N. Davis

M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

11-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/25/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

2930 Frederick Ave

DATE RECEIVED BY LOCAL REGISTRAR

NOV 24 1952

REGISTRAR'S SIGNATURE

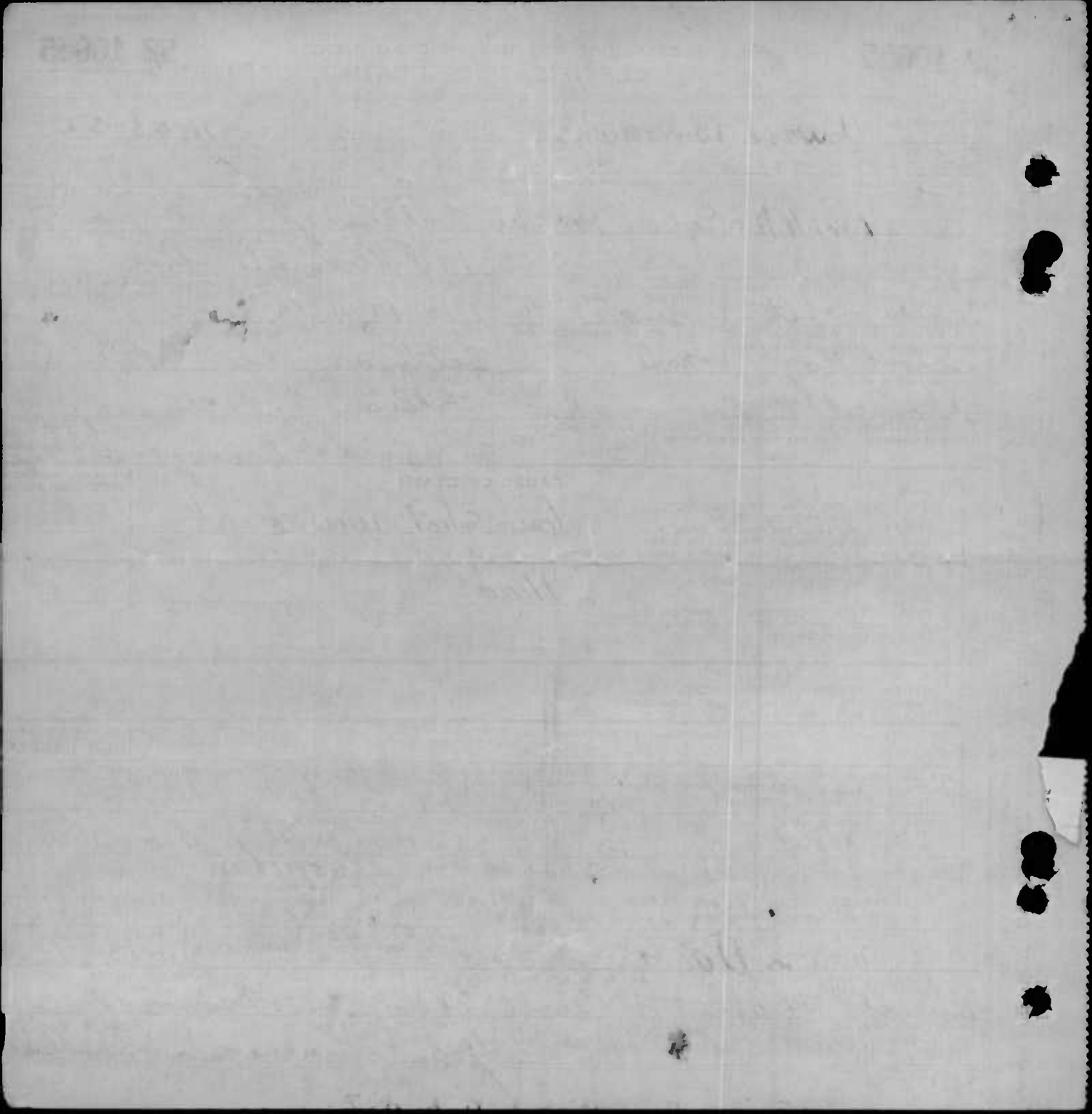
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan & Son 2901 St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 10656

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10656

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE N. SILBERMAN

2. DATE
OF
DEATH

11-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3306 Bateman Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Md

B. COUNTY (before admission)

15-37

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3306 Bateman Ave

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

64

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Hat & Trousers

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

Sora

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Belle Silberman - June

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aortic Cardiac Distention

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary Artery Disease

1 year

(C) General arteriosclerosis

2 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/5 1952 to 11/20 1952, that I last saw the
deceased alive on 11/20 1952, and that death occurred at 12:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Hunter

23B. ADDRESS

2320 Eutaw Pl

23C. DATE SIGNED

11/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-24-52

24C. NAME OF CEMETERY OR CREMATORY

Beth T. Silok

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

2100 Eutaw Pl

NOV 24 1952

VS 150

29064

2020 Entaus Pl
Zurberg

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10657

Registered No.

52 10657

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frances Wilczynski (Or) Frances Marie

2. DATE
OF
DEATH

Nov, 22nd 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1036 E. Fort Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1036 E. Fort Avenue

B. FULL NAME OF (If not in hospital or institution, give street address or location)

At Home

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct, 12th 1908

9. AGE (In years last birthday)

44

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

General Work

10B. KIND OF BUSINESS OR INDUSTRY

Bon Secours Hospital

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Simon Drymala

14. MOTHER'S MAIDEN NAME

Mary Mardas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

213-16-6723

17. INFORMANT

ADDRESS

Estelle Klenkowski 1036 E. Fort Ave

18.

171X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of Cervix

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 yrs +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 19⁵² to 11/21, 19⁵², that I last saw the deceased alive on 11/10, 19⁵², and that death occurred at 12:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

107 E. Waverly

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 25-1952

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

1300 Dundalk ave Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 24 1952

Huntington Williams, M.D.

George A. Weber 705 S. Ann st

VS 150

690 FT

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1957

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1957



1957



PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is essential. Physicians: please write the causes of death clearly and accurately.

MITCHERLING
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10658

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

O. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18.

470.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) ...
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...
DUE TO

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Partial Intestinal Obstruction 2 weeks

INTERVAL BETWEEN ONSET AND DEATH

3 days
75 years

15 years

15 years

20. AUTOPSY?

YES ☐ NO ☒

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16/52 to 11/22/52, that I last saw the deceased alive on 11/22/52, and that death occurred at 11:04 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

19520010650

0 3 0 1 2 0 2 3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10659

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Herman Culver, Sr.

2. DATE
OF
DEATH

Nov. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Colonial Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

25-41

D. STREET ADDRESS (If rural, give location)

Apt. 231 Oaklee Village

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec. 14, 1892

9. AGE (In years

last birthday)

59

If Under 1 Year

Months

11

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Air Plane Inspector

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Government

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles W. Culver

14. MOTHER'S MAIDEN NAME

Margaret E. Warensing

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

215-05-3519

17. INFORMANT

ADDRESS

Anna G. Culver, Apt. 231 Oaklee Village

18.

332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1952 to 11/21, 1952, that I last saw the
deceased alive on 11/21, 1952, and that death occurred at 6:22 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 24 1952

Huntington Williams, M.D.

Fred. A. Cole 1913a, Balt.

VS 150

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STAGE 1025A 1025B 1025C

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STAGE 1025A 1025B 1025C

52 10660

BIRTH NO.

MLB. 164882

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10660

Registered No.

1. NAME OF DECEASED (Type or Print) Victor Adams			2. DATE OF DEATH 11-20-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-03		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 774 W. Franklin Street		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1-4-1895	9. AGE (in years last birthday) 57	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dyster Shucker		10B. KIND OF BUSINESS OR INDUSTRY Kentworth Dyster		11. BIRTHPLACE (State or foreign country) Maryland	
12. FATHER'S NAME James Adams		14. MOTHER'S MAIDEN NAME Ethel Malinda Hard		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Records: Baltimore City Hospitals		17. INFORMATION ADDRESS 4940 Eastern Ave	
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Far Advanced Tuberculosis (A) DUE TO (B) DUE TO (C) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 20 years		
19A. DATE OF OPERATION 11-11-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-11-52 , to 11-20-52 , that I last saw the deceased alive on 11-20-52 , and that death occurred at 10PM m., from the causes and on the date stated above.					
23A. SIGNATURE W. J. Williams		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 11-21-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/25/52		24C. NAME OF CEMETERY OR CREMATORY Balts. National	
24D. LOCATION (City, town, or county) (State) Maryland		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS W. Walstead-978-Grand Hill Ave.	

00000000

RECEIVED BY THE SECRETARY OF THE ARMY

OFFICE OF THE SECRETARY OF THE ARMY

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10661

Registered No.

52 10661

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Adelaide B. Keys

2. DATE
OF
DEATH

November 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3632 Hickory Avenue

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3632 Hickory Avenue

c. Length of stay in Baltimore

73 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 2, 1877

9. AGE (In years last birthday)

75

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

John H. Schieswohl

14. MOTHER'S MAIDEN NAME

Elizabeth Huppman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Thomas C. Keys

ADDRESS

3632 Hickory Avenue

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

2 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive & Arterio Sclerotic Cardiovascular Disease

(C)

10 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1943 to 11/23, 1952, that I last saw the deceased alive on 11/22, 1952, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23. SIGNATURE

Thos E. Conner

23B. ADDRESS

3629 Edmondson Ave

23C. DATE SIGNED

11/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Burgee Funeral Home

ADDRESS

3631 Falls Road

VS 150

19520010653

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

Dr. Thomas C. Roach
3629 Edmondson Ave.
Co. 1771

11-12 7-8

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10662

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida May Mathias

2. DATE
OF
DEATH

November 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

144 W. 36th Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

144 W. 36th Street

C. Length of stay in Baltimore

60 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 8, 1873

9. AGE (in years
last birthday)

79

10 Under 1 Year
Months Days

11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

John Stricklin

14. MOTHER'S MAIDEN NAME

Elizabeth Masenheimer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Earl I Mathias

ADDRESS

3630 Buena Vista Avenue

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

coronary occlusion

DUE TO

ANTECEDENT CAUSES

(B)

arterio sclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

—

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 9/8/52 to 11/22, 1952 that I last saw the deceased alive on 11/20, 1952 and that death occurred at 7:50 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county) (State)

Baltimore Co., Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

Horace F. Burgee

VS 150

19520010654

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

NAME OF DECEASED

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

PERIOD OF ILLNESS

DATE OF BURIAL

PLACE OF BURIAL

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10663

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN GOWNLEY

2. DATE OF DEATH
Nov. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore ?

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
125 Cheapside St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

9. AGE (In years last birthday)
About 55 yrs.

11 Under 1 Year Months: Days
11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Motel Attendant

10B. KIND OF BUSINESS OR INDUSTRY
Cay's Cabins

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
207-01-0102

17. INFORMANT ADDRESS
John Coughlin 100 Blk. Center St.

18. 490X and 322.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
(A) Lobar pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Chronic Alcoholism
Fatty infiltration of liver

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
Nov. 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
Nov 25-52

24C. NAME OF CEMETERY OR CREMATORY
Cathedral Cem.

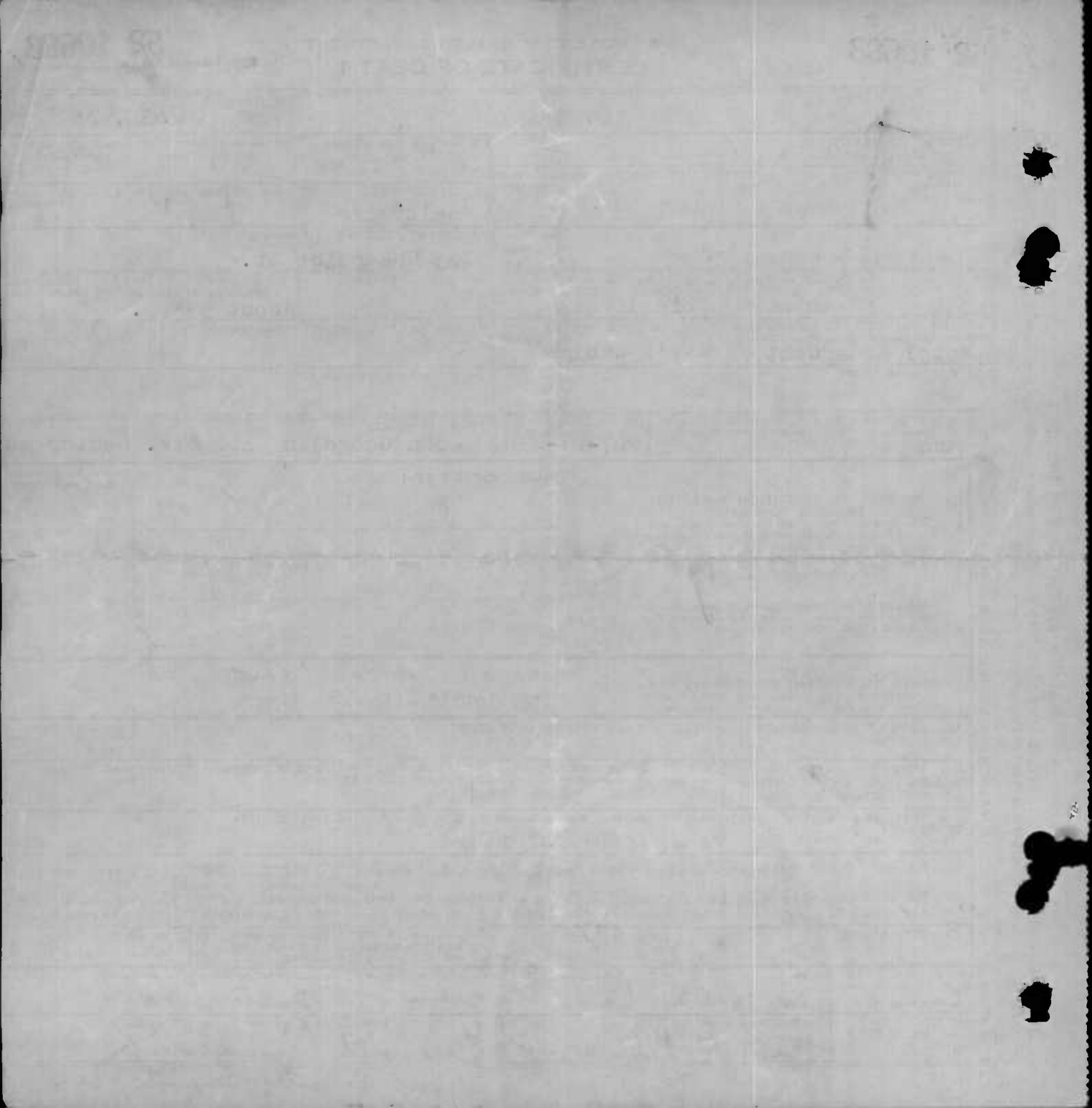
24D. LOCATION (City, town, or county) (State)
Balto - Md.

DATE RECEIVED BY LOCAL REGISTRAR
NOV 24 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
E. E. Amacoost

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 10664**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET N. BYERLY

2. DATE
OF
DEATH

11/23/52

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

6. STREET ADDRESS (If rural, give location)

2800 Chelsea Terrace

7. SEX

F

8. COLOR OR RACE

W

9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10. DATE OF BIRTH

3-28-52

11. AGE (In years last birthday)

30

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Clare Byerly

14. MOTHER'S MAIDEN NAME

Josephine M. Faulkner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Clare N. Byerly 2800 Chelsea

18. **572.2 and 260x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Lower Nephron Nephrosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Post-Operative Removal of Rectum for Ulcerative Colitis

DUE TO

for Ulcerative Colitis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus & Epilepsy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK

AT WORK

22. I hereby certify that I attended the deceased from **11/3**, 19**52**, to **11/23**, 19**52** that I last saw the deceased alive on **11/23**, 19**52**, and that death occurred at **12:20 pm.**, from the causes and on the date stated above.

23A. SIGNATURE

Ray Puyog, M. O.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

11/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov-25-52

24C. NAME OF CEMETERY OR CREMATORY

Graceland -

24D. LOCATION (City, town, or county)

Chillicothe Ohio

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Elsworth Annacost

NOV 24 1952

VS 150

4600 Liberty Heights Ave

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

DATE OF DEATH

NAME OF DECEASED
SEX
AGE
PLACE OF BIRTH
MARRIED
OCCUPATION
CAUSE OF DEATH
PLACE OF DEATH
DATE OF DEATH

100-100000

DECLARATION OF DEATH

1. Name of deceased		2. Date of death	
3. Place of death		4. Cause of death	
5. Name of declarant		6. Signature of declarant	
7. Name of witness		8. Signature of witness	
9. Name of physician		10. Signature of physician	
11. Name of funeral home		12. Signature of funeral home	
13. Name of coroner		14. Signature of coroner	
15. Name of registrar		16. Signature of registrar	
17. Name of clerk		18. Signature of clerk	
19. Name of undertaker		20. Signature of undertaker	
21. Name of cemetery		22. Signature of cemetery	
23. Name of church		24. Signature of church	
25. Name of school		26. Signature of school	
27. Name of hospital		28. Signature of hospital	
29. Name of doctor		30. Signature of doctor	
31. Name of nurse		32. Signature of nurse	
33. Name of pharmacist		34. Signature of pharmacist	
35. Name of veterinarian		36. Signature of veterinarian	
37. Name of dentist		38. Signature of dentist	
39. Name of optician		40. Signature of optician	
41. Name of barber		42. Signature of barber	
43. Name of beautician		44. Signature of beautician	
45. Name of janitor		46. Signature of janitor	
47. Name of porter		48. Signature of porter	
49. Name of messenger		50. Signature of messenger	
51. Name of clerk		52. Signature of clerk	
53. Name of stenographer		54. Signature of stenographer	
55. Name of typewriter		56. Signature of typewriter	
57. Name of printer		58. Signature of printer	
59. Name of publisher		60. Signature of publisher	
61. Name of distributor		62. Signature of distributor	
63. Name of agent		64. Signature of agent	
65. Name of broker		66. Signature of broker	
67. Name of dealer		68. Signature of dealer	
69. Name of merchant		70. Signature of merchant	
71. Name of manufacturer		72. Signature of manufacturer	
73. Name of wholesaler		74. Signature of wholesaler	
75. Name of retailer		76. Signature of retailer	
77. Name of importer		78. Signature of importer	
79. Name of exporter		80. Signature of exporter	
81. Name of contractor		82. Signature of contractor	
83. Name of subcontractor		84. Signature of subcontractor	
85. Name of laborer		86. Signature of laborer	
87. Name of farmer		88. Signature of farmer	
89. Name of ranchman		90. Signature of ranchman	
91. Name of miner		92. Signature of miner	
93. Name of logger		94. Signature of logger	
95. Name of fisherman		96. Signature of fisherman	
97. Name of hunter		98. Signature of hunter	
99. Name of trapper		100. Signature of trapper	

0-162

52 10666

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10666

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISA K. OBRECHT

2. DATE
OF
DEATH

Nov. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Church Homes & Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balt.

12-02

c. Length of stay in Baltimore

life

D. STREET ADDRESS (If rural, give location)

Greenway Apts.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Dec 12, 1875

9. AGE (In years
last birthday)

76

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas Krug

14. MOTHER'S MAIDEN NAME

Rosina Haas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sollie Krug, 6021 Greenway Ave

18. E 902.71

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pneumo pneumonia

1 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Fractured Hip

5 mos.

(C)

CERTIFICATION APPROVED BY

R. Fisher

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Decubitus ulcers

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office, etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

7/4/52 10:15 a. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell from bedside commode

22. I hereby certify that I attended the deceased from Nov 19, 1952, to Nov 22, 1952, that I last saw the
deceased alive on Nov 21, 1952, and that death occurred at 12:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Sollie Krug

M. O.

23B. ADDRESS

Church Homes & Hosp

23C. DATE SIGNED

Nov 22, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/25/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto 17, Md.

VS 150

N-820.0

9520010658

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be fully and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

Zach Morgan.

415
52 10667BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10667

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN A. SULLIVAN

2. DATE
OF
DEATH

Nov. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

625 Deepdene Rd.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

625 Deepdene Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 1, 1887

9. AGE (In years
last birthday)

65

N Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mine Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Coal

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Sullivan

14. MOTHER'S MAIDEN NAME

Joan Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Susan H. Sullivan - 625 Deepdene Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

Immediate

DUE TO

ANTECEDENT CAUSES

(B)

Generalized Arteriosclerosis

Indefinite

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Coronary Sclerosis

Indefinite

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

WORK

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from March, 1951, to Nov 21, 1952, that I last saw the
deceased alive on Nov 21, 1952, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Nathaniel M. Beck M.O.

23B. ADDRESS

2818 St Paul St Balto

23C. DATE SIGNED

Nov 24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/24/52

24C. NAME OF CEMETERY OR CREMATORY

St. Michael's Cem.

24D. LOCATION (City, town, or county)

Forstburg, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 24 1952

H. E. J. Williams, Jr.

J. M. J. Pickner & Sons

19801

THE HONORABLE CLYDE W. TERRY, JR.

GOVERNOR OF THE STATE OF TEXAS

19801



1. **NE WRITE IN PENCIL.** Every item of information should be clearly and legibly. The correct age is extremely important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 10668**

BIRTH NO. **52 10668**

1. NAME OF DECEASED (Type or Print) George O. Miller <i>Owen</i>			2. DATE OF DEATH November 22, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Rural			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY AA		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Linthicum Heights		
D. STREET ADDRESS (If rural, give location) 500 Forest View			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-27-13	9. AGE (In years last birthday) 38	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) accountant		10B. KIND OF BUSINESS OR INDUSTRY Auto Mfgd.	11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert Miller			14. MOTHER'S MAIDEN NAME Bertrude Bonnor		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-07-5031	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 11-19-52		19B. MAJOR FINDINGS OF OPERATION Tuberculosis with Cavity Formation		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-14 , 19 52 , to 11-22 , 19 52 , that I last saw the deceased alive on 11-22 , 19 52 , and that death occurred at 540A m., from the causes and on the date stated above.					
23A. SIGNATURE Scap Piny Williams		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 11/27/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/25/52		24C. NAME OF CEMETERY OR CREMATORY Hillcrest Cem.	
24D. LOCATION (City, town, or county) Annapolis, Md.		(State)			
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR ADDRESS Wickner & Laws	

1982

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1982

[Faint, mostly illegible handwritten text in the upper section of the form, likely containing personal details of the deceased.]

CAUSE OF DEATH

[Handwritten text describing the cause of death, possibly starting with "Respiratory failure..."]

[Faint, mostly illegible handwritten text in the middle-right section of the form.]

[Handwritten text at the bottom of the form, possibly a signature or date.]

[Handwritten signature or name at the bottom right of the form.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10669
Registered No.

52 10669

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Abrell

2. DATE
OF
DEATH

Nov 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write full name of township)

D. STREET ADDRESS (If rural, give location)

1119 E. Baltimore St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 14, 1877

9. AGE (In years last birthday)

75

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jack Schuchbridge

14. MOTHER'S MAIDEN NAME

Anna Pear

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

760X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Cerebrovascular accident*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Generalized arteriosclerosis*

DUE TO

20 yrs.

(C) *Diabetes mellitus*

unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov. 12, 1952 to Nov 23, 1952* that I last saw the deceased alive on *Nov 23, 1952* and that death occurred at *8:10 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

John C. Hederman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/26/52

24C. NAME OF CEMETERY OR CREMATION

Reformed

24D. LOCATION (City, town, or county)

Knorrville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul St

NOV 24 1952

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

CERTIFICATE OF DEATH

15 1000

1911

100

100

CERTIFICATE OF DEATH

15

100

100

100

100

100

100

100

100

100

100

100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10670**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Joseph W. Leamon*2. DATE
OF
DEATH*11/21/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*Senai Hospital*

C. CITY OR TOWN (If outside corporate limits, write FULL NAME and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1128 McKean Ave

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*S*

8. DATE OF BIRTH

*6/11/80*9. AGE (In years
last birthday)*72*10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Watchman*10B. KIND OF BUSINESS OR
INDUSTRY*Baltimore City*

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John W. Leamon

14. MOTHER'S MAIDEN NAME

*Margaret Brashears*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anna Leamon, 1128 McKean Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac Insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Heart Disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7/18*, 1952 to *4/21*, 1953, that I last saw the
deceased alive on *11/20*, 1952, and that death occurred at *7:30* a.m., from the causes and on the date stated above.

23A. SIGNATURE

Max Miller

M. D.

23B. ADDRESS

Senai Hospital

23C. DATE SIGNED

*11/21/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

11/25/52

24C. NAME OF CEMETERY OR CREMATORY

Loy Hill Cemetery

24D. LOCATION (City, town, or county)

*Laurel, Maryland*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc., 1217 St. Paul St.

ADDRESS

NOV 24 1952

VS 150

763 93

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10671

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Finn

2. DATE
OF
DEATH

11-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3000 Herbert St.

C. CITY OR TOWN (If outside corporate limits, write BORAN and give
township)

Balto

D. STREET ADDRESS (If rural, give location)

3000 Herbert St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9/10/1878

9. AGE (In years
last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR
INDUSTRY

Shirtercraft Inc.

11. BIRTHPLACE (State or foreign country)

Balto, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Finn

14. MOTHER'S MAIDEN NAME

Ann McQuillan

15. WAS DECEASED EVER IN U. S. ARMED SERVICES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Jack Decker 3000 Herbert St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular

DUE TO

ANTECEDENT CAUSES

(B) Disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. [Signature]

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

11-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/25/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Cork Inc. 1217 St. Paul St

V S 151

6904G

The information supplied by the physician is important. Every item of information should be clearly and fully supplied. Physicians, please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

1941 52

1941 52

1941 52

1941 52

JL -163798

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10672

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard William Sands, Sr.

2. DATE
OF
DEATH

11-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospital
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

24 Cherry Garden Rd. -21

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 7, 1898

9. AGE (in years last birthday)

54

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Collector

10B. KIND OF BUSINESS OR INDUSTRY

Western Auto Supply

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Richard E. Sands

14. MOTHER'S MAIDEN NAME

Martha Edna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

(If yes, give war or dates of service)

U. S. #3

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18.

4 m. 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Coronary Thrombosis

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-5, 1952, to Nov. 22, 1952, that I last saw the deceased alive on 11-22, 1952, and that death occurred at 9.20pm., from the causes and on the date stated above.

23A. SIGNATURE

H. E. Johnson

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

11-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/26/52

24C. NAME OF CEMETERY OR CREMATORY

U. S. National

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 24 1952

Huntington Williams, M.D. & MRS. COOK Inc. 1217 St. Paul St.

VS 150

3216J

82-10718

UNITED STATES DEPARTMENT OF HEALTH
CENTERS FOR DISEASE CONTROL AND PREVENTION

82-10718

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1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

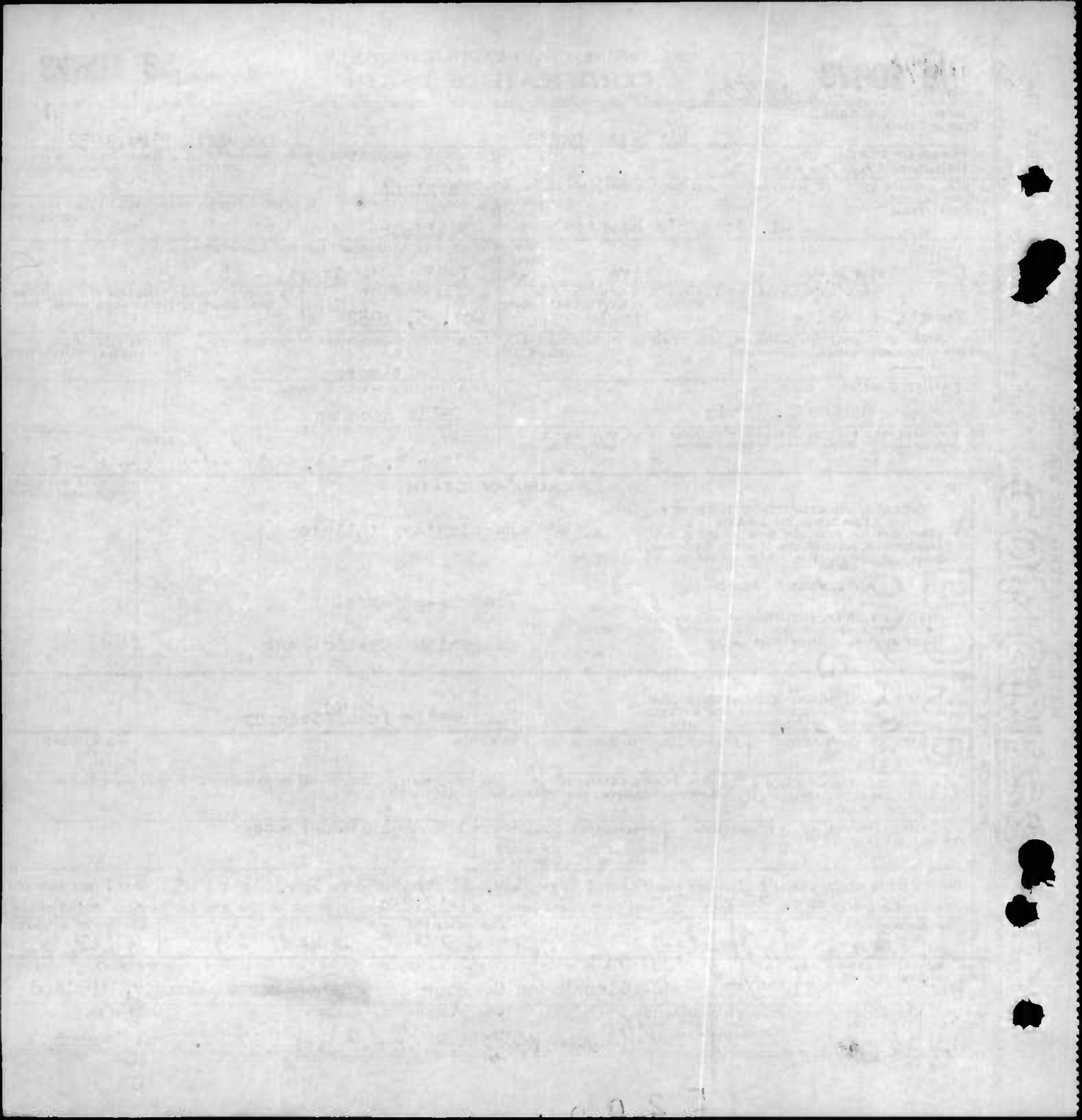
Registered No. **52 10673**

120
BIRTH NO. **52 10673**
52-23843

1. NAME OF DECEASED (Type or Print) DIANE VALERIE DAVIS			2. DATE OF DEATH Nov. 23rd 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 7903 34th Street - 6		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 5, 1952		9. AGE (In years last birthday) 18
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME Walter E. Davis			14. MOTHER'S MAIDEN NAME Della Ryckman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Walter E. Davis, 7903 34th Street - 6		

18. 759.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Respiratory failure DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Broncho-pneumonia DUE TO Congenital Cystic lung OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pancreatic insufficiency	CAUSE OF DEATH Respiratory failure Broncho-pneumonia Congenital Cystic lung Pancreatic insufficiency	INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 11 th, 1952 , to Nov. 23 rd, 1952 , that I last saw the deceased alive on Nov. 23 rd, 1952 , and that death occurred at 12:23 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE May R. Haylock		23B. ADDRESS 229 E. 33rd St.		23C. DATE SIGNED 11/23/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/25/52		24C. NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery	
				24D. LOCATION (City, town, or county) (State) Anne Arundel County, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. Cook & Co., 1217 St. Paul Street	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10674**BIRTH NO. **51-20659**1. NAME OF DECEASED
(Type or Print) **SCOTT JOHN FISCHBECK**2. DATE OF DEATH **11/23/52**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Union Memorial HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimorec. Length of stay in Baltimore **Life**Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
200 E. Barney St., Balto, 30, Md.5. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single8. DATE OF BIRTH
August 22, 19519. AGE (In years last birthday)
15 mo.10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore, Maryland12. CITIZEN OF WHAT COUNTRY?
USA13. FATHER'S NAME
John A. Fischbeck14. MOTHER'S MAIDEN NAME
Rosemary Riley15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT **Father** ADDRESS
John A. Fischbeck 200 E Barney St, Balto.18. **760x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Atelectasis**

DUE TO

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Acidosis**

DUE TO

1 week

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) **Diabetes mellitus****3 weeks**19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/22**, 1952, to **11/23**, 1952, that I last saw the deceased alive on **11/23**, 1952, and that death occurred at **8:45** a. m., from the causes and on the date stated above.23A. SIGNATURE
Georgia Reynolds

M. D.

23B. ADDRESS
Union Memorial Hospital23C. DATE SIGNED
11/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
11.26.5224C. NAME OF CEMETERY OR CREMATORY
St. Oliver24D. LOCATION (City, town, or county) (State)
BaltimoreDATE RECEIVED BY LOCAL REGISTRAR
NOV 24 1952REGISTRAR'S SIGNATURE
Huntington Williams, M.D.25. FUNERAL DIRECTOR
J. L. LeeADDRESS
130 E. Fort Ave.

AT&T

TELEPHONE COMPANY
CENTRAL OFFICE

AT&T



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 10675**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**SHERWOOD W. HAMMOND**2. DATE
OF
DEATH**11/19/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLANDB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**518 N. CARROLLTON AVE**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

c. Length of stay in Baltimore

LIFEYrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

518 N. CARROLLTON AVE

5. SEX

M

6. COLOR OR RACE

C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**MARRIED**

8. DATE OF BIRTH

4/19/18899. AGE (In years
last birthday)**63**If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**PAPERHANGER**10B. KIND OF BUSINESS OR
INDUSTRY**INTERIOR DECORATOR**

11. BIRTHPLACE (State or foreign country)

BALTO. MD12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

SAVINGTON PARIS HAMMOND

14. MOTHER'S MAIDEN NAME

LOUISE HAWKINS15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**NO****NO**16. SOCIAL
SECURITY NO.**NONE**

17. INFORMANT

MARY A. HAMMOND-518 CARROLLTON AV.

ADDRESS

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Degeneration**1 week**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

**Hypertensive Cardiac Vascular
Disease****6 mos**

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **MAY 16**, 1952, to **NOV. 19**, 1952, that I last saw the
deceased alive on **11-19**, 1952, and that death occurred at **9P** m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Franklin Culhane

M. D.

23B. ADDRESS

558 McMedan St

23C. DATE SIGNED

11/22/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

11/24/52

24C. NAME OF CEMETERY OR CREMATORY

ARBUTUS MEM'L. PK.

24D. LOCATION (City, town, or county)

BALTO. COUNTY

(State)

MD.DATE RECEIVED BY
LOCAL REGISTRAR**NOV 24 1952**

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

CHARLES G. COOPER-512 CARROLLTON AV.

ADDRESS

56524 Charles Cooper

CERTIFICATE OF DEATH

CAUSE OF DEATH

Wt

[Signature]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10676
Registered No.200
52 10676
BIRTH NO. 52-27232

1. NAME OF DECEASED (Type or Print) Robert Wayne Cook			2. DATE OF DEATH 11/20/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto.		
c. Length of stay in Baltimore 5 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1436 Hartford Ave.		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11-16-52	9. AGE (In years last birthday)	10. Under 1 Year Months: Days: 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto, md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Hoyd Cook			14. MOTHER'S MAIDEN NAME Lillian Bethel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Mother ADDRESS Same address		

18. 764.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) acidosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. dehydration DUE TO infantile diarrhea		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **11/16** 19**52**, to **11/20**, 19**52**, that I last saw the deceased alive on **11/20**, 19**52**, and that death occurred at **11:07** a.m., from the causes and on the date stated above.

23A. SIGNATURE **C. G. Wellington** M. D. 23B. ADDRESS **Provident Hosp.** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/25/52	24C. NAME OF CEMETERY OR CREMATORY Wm. Calverly Int.	24D. LOCATION (City, town, or county) (State) Bwstclyn Md
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Elmer O. Wilson 1100 Brandywine	

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FEB 10 1964

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10677**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John W. Hullett			2. DATE OF DEATH Nov. 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 710 North Eden Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 35 Yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 710 North Eden Street	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 4, 1872	9. AGE (In years last birthday) 80 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In General	11. BIRTHPLACE (State or foreign country) St Marys Co. Md.	
13. FATHER'S NAME Yarett Hullett			14. MOTHER'S MAIDEN NAME Annie ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Wilhelmina Whitworth 710 N. Eden St.	

18. 442x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic card. - Sexual Vascular Disease DUE TO Apoplexy - DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 6 mos 1 yr.
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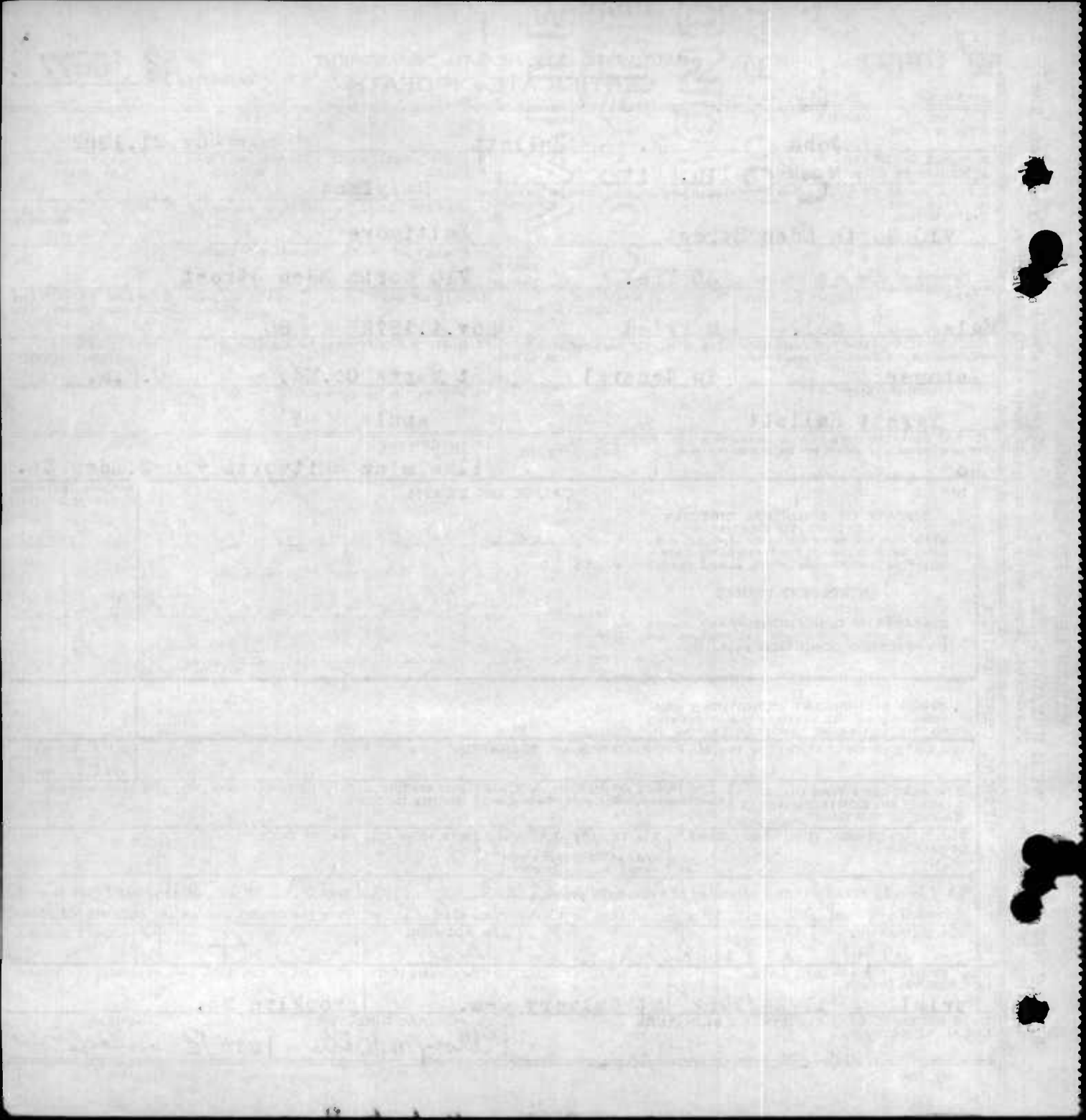
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **June 14, 1952** to **Nov. 21, 1952** that I last saw the deceased alive on **Nov. 21, 1952** and that death occurred at **9 A** m., from the causes and on the date stated above.

23A. SIGNATURE Wm. Leroy Perry	23B. ADDRESS 1420 E. Chase St.	23C. DATE SIGNED 11-24-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/24/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.
24D. LOCATION (City, town, or county) Brooklyn Md.		24E. STATE Md.

DATE RECEIVED BY LOCAL REGISTRAR Nov 24 1952	REGISTRAR'S SIGNATURE Huntington Williams	FUNERAL DIRECTOR Elmer O. Wilson	ADDRESS 1000 Brantley Ave
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 10678

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura Madhox

2. DATE
OF
DEATH

Nov. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1210 Jefferson Ct.

c. Length of stay in Baltimore *35 Yrs.*

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 21, 1890

9. AGE (In years
last birthday)

62

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Jamestown Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel

Brown

14. MOTHER'S MAIDEN NAME

Sarah

Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

44-X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Uremia

(A)

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2+ days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic cardiovascular renal disease

3+ years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *11/19*, 19*52*, to *11/21*, 19*52*, that I last saw the deceased alive on *11/21*, 19*52* and that death occurred at *2:15* a.m., from the causes and on the date stated above.

23A. SIGNATURE

Alexander H. Hook

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/25/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Elroy D. Wilson, 1200 Brantley Ave

ADDRESS

VS 150

72084

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10679

Registered No.

BIRTH NO.

1. NAME OF DECEASED
 (Type or Print)

ALICE GERMAN

2. DATE OF DEATH **Nov. 21-1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 A. STATE **MARYLAND**
 B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
4300 OLD YORK ROAD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE CITY

c. Length of stay in Baltimore **LIFE**
 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
4300 OLD YORK ROAD

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

11-11- 1863

9. AGE (In years last birthday)

89

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George Lewis

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Miss Grace E. German 4300 Old York Rd

18.

151X
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

gastric origin

DUE TO

(C)

II
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension, Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **1930**, 19__, to **Nov 21**, 19**52**, that I last saw the deceased alive on **Nov 20**, 19**52**, and that death occurred at **10:45 P.**, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

M. D. 2700 Harford Road

23C. DATE SIGNED

11/21/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

NOV. 25/52

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE CEMETERY

24D. LOCATION (City, town, or county) (State)

BALTIMORE MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

[Signature] 1300 EUTAW PLACE

VS

[Signature]

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully and completely stated. Physicians: please write the causes of death clearly and accurately. The correct age is very important.

see query reply in Document File

CERTIFICATE CORRECTED ~~12-8-52~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 10680

Registered No.

52 10680

1. NAME OF DECEASED (Type or Print) GUTOWSKI JOHN JOSEPH			2. DATE OF DEATH 11/23/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION USPHS Hospital, Balto - Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 26-05		
c. Length of stay in Baltimore 51			D. STREET ADDRESS (If rural, give location) 6915 Eastbrook Pk.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 11/19/1902	9. AGE (In years last birthday) 51	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) enter			10B. KIND OF BUSINESS OR INDUSTRY maritime		
11. BIRTHPLACE (State or foreign country) Poland			12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME John Gutowski			14. MOTHER'S MAIDEN NAME Helen Donabrowski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 217-14-5757		
17. INFORMANT HELEN J. GUTOWSKI			ADDRESS 6915 EASTBROOK AVE		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 491X I			CAUSE OF DEATH (A) Broncho-pneumonia DUE TO pulmonary edema and congestion (B) DUE TO (C)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH 10 days		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2-			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE Norman Tarr			23B. ADDRESS USPHS		23C. DATE SIGNED 11/23/52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE NOV. 25, 1952		24C. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS	
24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.					
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS DABROWSKI 2518 E. BALTIMORE ST.	

VS 150

662-550672

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be supplied. The age is particularly important. Physicians: please write the causes of death clearly and fully.

1000

CERTIFICATE OF DEATH

1000

CAUSE OF DEATH

1000

1000

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10681
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Manning, James B.</i>			2. DATE OF DEATH <i>11/23/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>31</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Sloan Hosp. of Balt., Inc.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>54 years</i>			D. STREET ADDRESS (If rural, give location) <i>6504 Brighton Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>wh</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>March 17, 1880</i>		9. AGE (in years last birthday) <i>72</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stationary Engineer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Hospital</i>	11. BIRTHPLACE (State or foreign country) <i>Ireland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>John Manning</i>			14. MOTHER'S MAIDEN NAME <i>Catherine Manning</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>216-03-6364</i>	17. INFORMANT ADDRESS <i>Miss Mary Manning, 6504 Brighton Ave.</i>		

18. <i>4 yr. 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Congestive Failure</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B) Arterio-sclerotic Cardiovascular Disease</i> DUE TO		
(C)		

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *11/13*, 19*52* to *11/23*, 19*52*, that I last saw the deceased alive on *11/22*, 19*52* and that death occurred at *5:40 Am.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Jack Fine</i>	23B. ADDRESS <i>Sloan Hosp.</i>	23C. DATE SIGNED <i>11/23/52</i>
------------------------------------	------------------------------------	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov. 26, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Charles Cemetery, Pikesville, Balto. Co. Md.</i>	24D. LOCATION (City, town, or county) (State)
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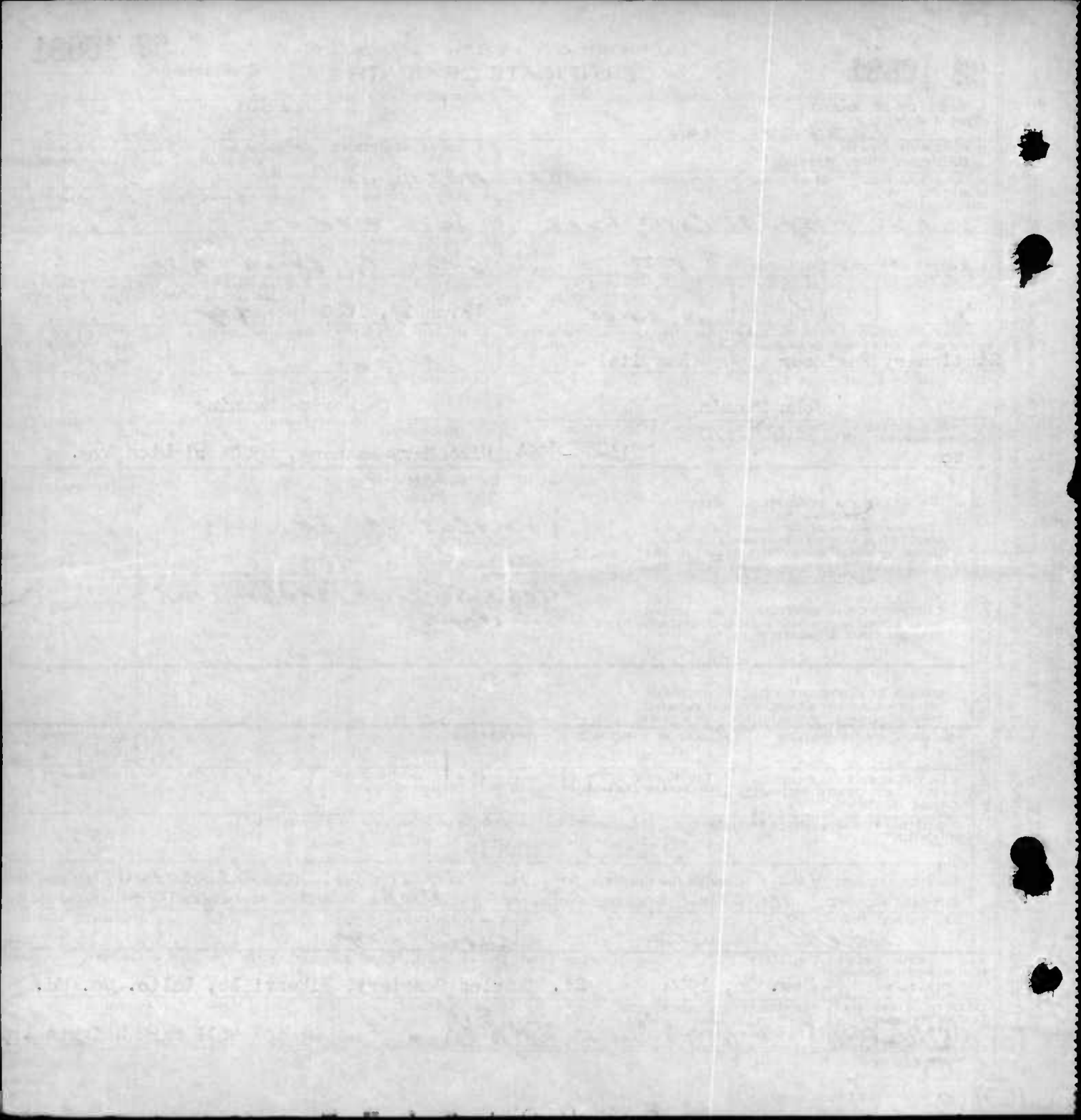
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 24 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	FUNERAL DIRECTOR <i>W. Vernon Lemmon</i>	ADDRESS <i>4611 Park Heights Ave</i>
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VS 150

5838T

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully studied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

456
52 10682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10682
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Gilmore, Emma		2. DATE OF DEATH 11-22-52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
c. Length of stay in Baltimore 20 Yrs.		D. STREET ADDRESS (If rural, give location) 205 Fremont Avenue, 1-N.
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 3-3-1889		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic Tid		10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ralph Gilmore		14. MOTHER'S MAIDEN NAME Emily Wood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT Records* Balto. City Hospitals Eastern Av		ADDRESS 4940

18. E 900.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture Of Right Hip		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis Heart Disease		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 11-14-52		19B. MAJOR FINDINGS OF OPERATION Hip Pin
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 205 Fremont Avenue
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-12-52	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell on stairs at home	
22. I hereby certify that I attended the deceased from 11-12-52 , 19 52 , to 11-22 , 19 52 that I last saw the deceased alive on 11-22 , 19 52 , and that death occurred at 5-55 m., from the causes and on the date stated above.			
23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 11-22-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/25/1952	24C. NAME OF CEMETERY OR CREMATORY St. Peter's Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1952		25. FUNERAL DIRECTOR Huntington Williams, Mrs. Katie R. Williams, Schmitt	

N-870.0

73084

52 10683

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Girl Harvey (Ruth Elizabeth)

2. DATE
OF
DEATH

Nov. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

Route #2 Greenspring Road

c. Length of stay in Baltimore

10 Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Oct. 10, 1952

9. AGE (In years
last birthday)Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Amos Harvey

14. MOTHER'S MAIDEN NAME

Lauretta Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

571.0 1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Diarrhea

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1952, to Nov. 20, 1952, that I last saw the deceased alive on Nov. 20, 1952, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. E. Stennett

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/24/52

Mt. Zion Cem.

Long Green Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 24 1952

Huntington Williams, M.D. Mrs. Katie P. Williams Schroeder

VS 150

1952

MEDICAL CERTIFICATION

MEDICAL CERTIFICATION

PLEASE WRITE IN INK. Every item of information should be clearly and legibly stated. The age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

12-11-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12-11-53

NAME OF DECEASED		AGE		SEX		RACE		DATE OF BIRTH		PLACE OF BIRTH	
MARRIAGE		OCCUPATION		EDUCATION		RELIGION		MILITARY SERVICE		DATE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		PLACE OF DEATH		DATE OF DEATH		TIME OF DEATH		SIGNATURE OF PHYSICIAN	
SIGNATURE OF REGISTRAR		SIGNATURE OF WITNESS		SIGNATURE OF PHYSICIAN		SIGNATURE OF CORONER		SIGNATURE OF JUDGE		SIGNATURE OF CLERK	

CAUSE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF BIRTH		PLACE OF BIRTH	
MARRIAGE		OCCUPATION		EDUCATION		RELIGION		MILITARY SERVICE		DATE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		PLACE OF DEATH		DATE OF DEATH		TIME OF DEATH		SIGNATURE OF PHYSICIAN	
SIGNATURE OF REGISTRAR		SIGNATURE OF WITNESS		SIGNATURE OF PHYSICIAN		SIGNATURE OF CORONER		SIGNATURE OF JUDGE		SIGNATURE OF CLERK	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10684**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Laura Jane Groh</i>		2. DATE OF DEATH <i>Nov 22 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3309 Elmora Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>3309 Elmora Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDDED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct 3 1874</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sales Lady May be</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>78</i>
13. FATHER'S NAME <i>William Luck</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
14. MOTHER'S MAIDEN NAME <i>Laura Worsey</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>216-01-9489</i>	
17. INFORMANT <i>Mrs. Marie Surensch</i>		ADDRESS <i>Elmora Ave 3309</i>	

<p>18. <i>420.1</i></p> <p>CAUSE OF DEATH</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">Coronary Thrombosis</p> <p>(A) DUE TO</p> <p>ANTECEDENT CAUSES</p> <p>(B) Hypertensive Cardiovascular Disease</p> <p>DUE TO</p> <p>(C) Old Age</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>10 days</p> <p>About 3 years</p>

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
<p>22. I hereby certify that I attended the deceased from <i>November 14 1952</i> to <i>Nov. 22, 1952</i> that I last saw the deceased alive on <i>Nov. 22, 1952</i> and that death occurred at <i>9:00 p.m.</i>, from the causes and on the date stated above.</p>				
23A. SIGNATURE <i>Frank G. Meyer</i>		23B. ADDRESS <i>516 Cathedral St.,</i>		23C. DATE SIGNED <i>11/24/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov 25 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Memorial Park</i>	24D. LOCATION (City, town, or county) (State) <i>Taylor Ave</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 24 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, 1701-03 N. Patterson Park Ave</i>	

VS 150

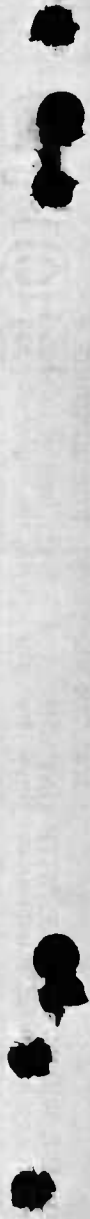
MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be stated fully and legibly. The age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

OF 1964



W 452
52 10685BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10685

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAWSON WILLIAMS

2. DATE
OF
DEATH

11/21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

210 W. Chase St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12-25-87

9. AGE (In years
last birthday)

64

10. Under 1 Year
Months: Days

10 29

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Keeper in kitchen

10B. KIND OF BUSINESS OR
INDUSTRY

Hotel

11. BIRTHPLACE (State or foreign country)

Greenwood S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Williams

14. MOTHER'S MAIDEN NAME

Alice?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Corie Archie-1541 Diamond St.

Phil ADDRESS

18. 008X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition + Dehydration

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/18/52, 19__, to 11/21/52, 19__, that I last saw the
deceased alive on 11/21/52, 19__, and that death occurred at 7:40 Am., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Hollinger

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

11/21/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-24-52

24C. NAME OF CEMETERY OR CREMATORY

Beverly National Cem

24D. LOCATION (City, town, or county)

Beverly N.J.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Samuel W. Sullivan, Jr.

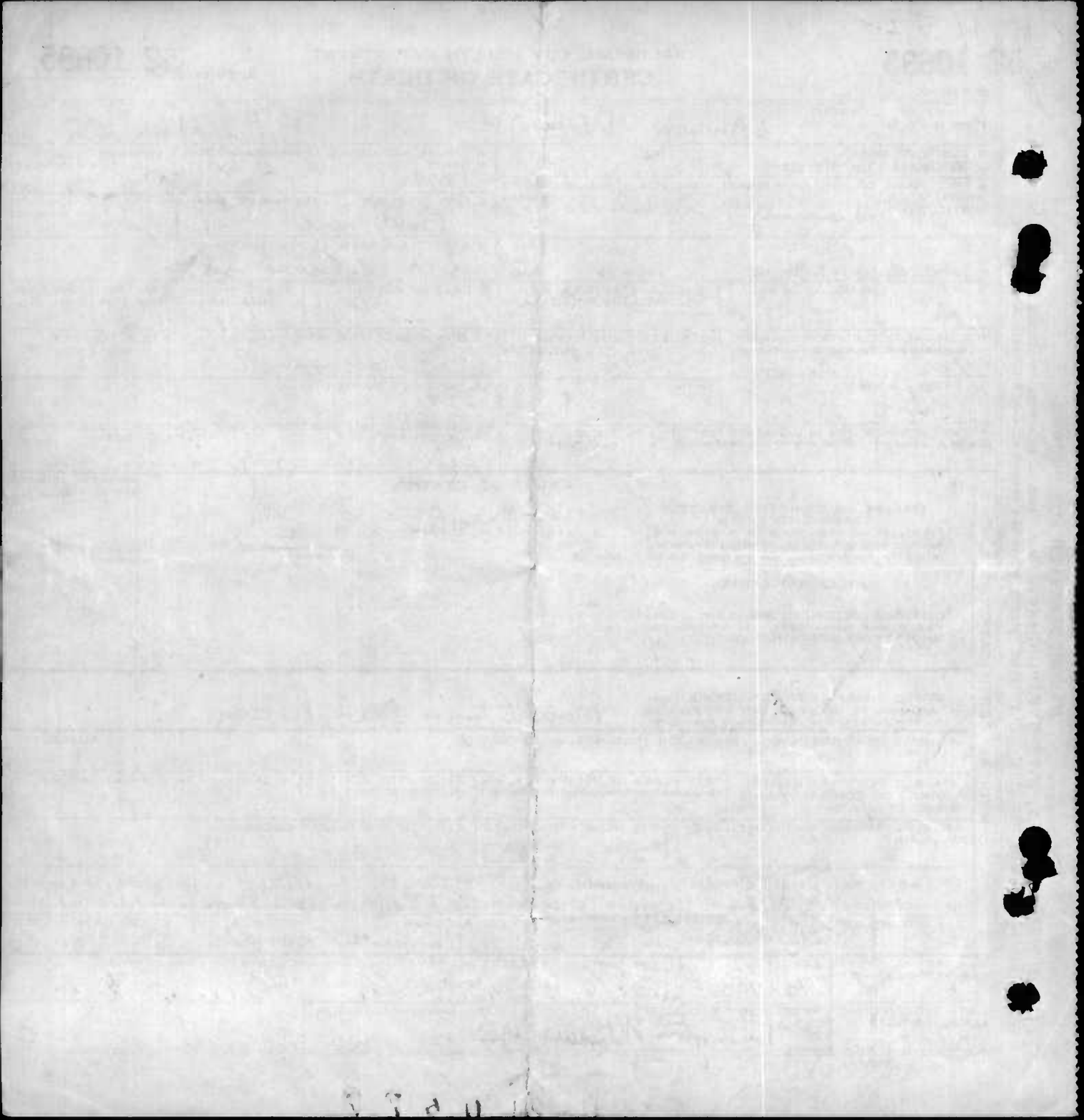
NOV 24 1952

VS 150

28908B, 10/14/52, Arlington Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The
correction age is especially important. Physicians: please write the causes of death clearly and legibly.



20001 32

20001 32

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10687**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MR RUDOLPH GEORGE JURAK**2. DATE
OF
DEATH**NOV. 22, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND BALTIMOREB. FULL NAME OF
HOSPITAL OR
INSTITUTION**UNION MEMORIAL HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township)

BALTIMORE 14-27-06

D. STREET ADDRESS (If rural, give location)

5709 FAIRDOAKS AVENUE

c. Length of stay in Baltimore

49 yrs.Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**WIDOWED**

8. DATE OF BIRTH

MARCH 21, 19759. AGE (In years
last birthday)**77**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Cabinet Maker**10B. KIND OF BUSINESS OR
INDUSTRY**Union Bros.**

11. BIRTHPLACE (State or foreign country)

CZCHO,12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.

17. INFORMANT

FRANK JURAK (SON) 17 N. WICKHAM RD. BALTIMORE 29 MD.18. **5271**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **NOV. 22, 1952**, to **NOV. 22, 1952**, that I last saw the
deceased alive on **Nov. 22, 1952**, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Harvey S. Green, Jr.

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

11-23-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

Nov. 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

24D. LOCATION (City, town, or county)

Brooklyn, Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR**NOV 24 1952**

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

**Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.**

ADDRESS

25 10087

CERTIFICATE OF DEATH

25 10087

James J. [illegible]
[illegible]

0 5 0 0

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10688

BIRTH NO. 52 10688

1. NAME OF DECEASED
(Type or Print)

Nicolo Nardo

2. DATE
OF
DEATH

Nov 22 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2917 Chesley Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-07

D. STREET ADDRESS (If rural, give location)

2917 Chesley Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Nov. 7-1890

9. AGE (In years last birthday)

62

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fruit Dealer

10B. KIND OF BUSINESS OR INDUSTRY

SELF

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 2917

Mrs Rosina Nardo - Chesley

18. 154 X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

CARCINOMA RECTUM

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

5 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

METASTASES - LUNG - BRAIN

6 MOS

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/21/47

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA RECTUM

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1947 to 11/22, 1952, that I last saw the deceased alive on 11/14, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

L. F. Neely

M. D.

23B. ADDRESS

301 Med. Arts Bldg. 1

23C. DATE SIGNED

11/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-25-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BALTO

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Luck

ADDRESS

5305 Warford Rd.

U-600
52-10689BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10689
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charlotte

MARION CRIE

2. DATE
OF
DEATH

11/24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

MERCY Hospital

Rosedale

c. Length of stay in Baltimore

27

Yrs.

Mos.

Days

D. STREET ADDRESS (If rural, give location)

7913 30th ST

5200

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

7/30/25

9. AGE (In years
last birthday)

27

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H's WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

HARRY WESSEL

14. MOTHER'S MAIDEN NAME

CHARLOTTE SCHOENBERGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HOSP RECORDS

18. 1952

I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Possible abdominal tumor
6 mos
due to metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 9/30, 1952, to 11/24, 1952, that I last saw the
deceased alive on 11/24, 1952, and that death occurred at 1:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Ireland

M. D.

23B. ADDRESS

Mercy Harbor

23C. DATE SIGNED

11/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Nov. 28-1952

Parkwood Cem.

BALTO

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 24 1952

Huntington Williams, M.D.

L. J. Ruck 5305 Maryland Rd

1000000

1000000



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10690 Registered No.

1. NAME OF DECEASED
(Type or Print)

William Hamilton

2. DATE OF DEATH

Nov. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Fla.

B. COUNTY

V-08

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Jargo

D. STREET ADDRESS (If rural, give location)

811 Eight Ave S.W.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-17-1885

9. AGE (In years last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired - Designing Eng.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Hamilton

14. MOTHER'S MAIDEN NAME

Sadie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

W.W. L

16. SOCIAL SECURITY NO.

330-05-2986

17. INFORMANT

Mrs. Sadie Hamilton - Above

18.

584X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Leuc. Phos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cholangitis

DUE TO

(C)

Common Duct Stone

INTERVAL BETWEEN ONSET AND DEATH

2 wk

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-21-52

19B. MAJOR FINDINGS OF OPERATION

Distended Gall Bladder

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1952 to 11/24, 1952 that I last saw the deceased alive on 11/24, 1952, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

11/25/52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John T. Stansbury - 2700 Edmondson Ave.

ADDRESS

VS 150

0498Y

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. Age is especially important. Physicians: please write the causes of death clearly and correctly.

PLEASE WRITE IN INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 10691**

 BIRTH NO. **500**
52 10691

 1. NAME OF DECEASED
(Type or Print) **JAMES J. THIM**

 2. DATE OF DEATH **Nov 22, 1952**

 3. PLACE OF DEATH:
A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MARYLAND** B. COUNTY

 B. FULL NAME OF HOSPITAL OR INSTITUTION **1031 E. Biddle St.**

 C. CITY OR TOWN **BALTIMORE** (If outside corporate limits, write RURAL, and give township)

 D. STREET ADDRESS (If rural, give location) **1031 E. Biddle St.**

 c. Length of stay in Baltimore **68** Yrs. **9** Mos. **9** Days

 5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

 8. DATE OF BIRTH **9-13-1884** 9. AGE (In years, last birthday) **68** 10. Under 1 Year: Months **2** Days **9** 11. Under 24 Hours: Hours **?** Min.

 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **MANT** 10B. KIND OF BUSINESS OR INDUSTRY **Church Rectory**

 11. BIRTHPLACE (State or foreign country) **BALTIMORE, Md.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

 13. FATHER'S NAME **John Thim**

 14. MOTHER'S MAIDEN NAME **BARBARA ?**

 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

 17. INFORMANT ADDRESS **Mrs Mary E. Thim 1031 E. Biddle St.**

 18. **442x I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) **Hypertension and Arteriosclerotic Cardiovascular Renal Disease** DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

 19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **5/19**, 19**47**, to **11/22**, 19**52**, that I last saw the deceased alive on **11/19/52**, and that death occurred at **5 P.M.**, from the causes and on the date stated above.

 23A. SIGNATURE **Joseph L. Blum** M.D.

 23B. ADDRESS **1115 N. Calver St.**

 23C. DATE SIGNED **11/24/52**

 24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

 24B. DATE **11-25-1952**

 24C. NAME OF CEMETERY OR CREMATORY **Holy Redeemer Cemetery**

 24D. LOCATION (City, town, or county) (State) **Baltimore, Md.**

 DATE RECEIVED BY LOCAL REGISTRAR **NOV 24 1952**

 REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

 25. FUNERAL DIRECTOR **Edna W. Conklin**

 ADDRESS **924 E. Eager St.**

10-01-52

RECEIVED BY THE CHIEF OF BUREAU
OFFICE OF THE CHIEF OF BUREAU

10-01-52



600
52 10692BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10692

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mamie L. Gray

2. DATE
OF
DEATH

11/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

1128 Druid Hill Ave

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

C. Length of stay in Baltimore

50 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1128 Druid Hill Ave

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/5/1889

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Whitstone Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Layton

14. MOTHER'S MAIDEN NAME

Jennie Mae Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Ulysses Gray 1128 Druid Hill

ADDRESS

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemi plegia

DUE TO

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

2 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arterio-sclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1940 to 11/22, 1952, that I last saw the deceased alive on 11/21, 1952, and that death occurred at 1A-m., from the causes and on the date stated above.

23A. SIGNATURE

R. Louis Young

M. D.

23B. ADDRESS

1108 Druid Hill Ave

23C. DATE SIGNED

11/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 26/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Westport

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Robert G. Elliott & Daughter

ADDRESS

1129 N. Caroline St.

NOV 24 1952
VS 150

1980-1985

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Race	
4. Date of birth		5. Date of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of medical examiner	
13. Signature of funeral director		14. Signature of coroner		15. Signature of justice of the peace	
16. Signature of health officer		17. Signature of police officer		18. Signature of other official	
19. Signature of other official		20. Signature of other official		21. Signature of other official	
22. Signature of other official		23. Signature of other official		24. Signature of other official	
25. Signature of other official		26. Signature of other official		27. Signature of other official	
28. Signature of other official		29. Signature of other official		30. Signature of other official	
31. Signature of other official		32. Signature of other official		33. Signature of other official	
34. Signature of other official		35. Signature of other official		36. Signature of other official	
37. Signature of other official		38. Signature of other official		39. Signature of other official	
40. Signature of other official		41. Signature of other official		42. Signature of other official	
43. Signature of other official		44. Signature of other official		45. Signature of other official	
46. Signature of other official		47. Signature of other official		48. Signature of other official	
49. Signature of other official		50. Signature of other official		51. Signature of other official	
52. Signature of other official		53. Signature of other official		54. Signature of other official	
55. Signature of other official		56. Signature of other official		57. Signature of other official	
58. Signature of other official		59. Signature of other official		60. Signature of other official	
61. Signature of other official		62. Signature of other official		63. Signature of other official	
64. Signature of other official		65. Signature of other official		66. Signature of other official	
67. Signature of other official		68. Signature of other official		69. Signature of other official	
70. Signature of other official		71. Signature of other official		72. Signature of other official	
73. Signature of other official		74. Signature of other official		75. Signature of other official	
76. Signature of other official		77. Signature of other official		78. Signature of other official	
79. Signature of other official		80. Signature of other official		81. Signature of other official	
82. Signature of other official		83. Signature of other official		84. Signature of other official	
85. Signature of other official		86. Signature of other official		87. Signature of other official	
88. Signature of other official		89. Signature of other official		90. Signature of other official	
91. Signature of other official		92. Signature of other official		93. Signature of other official	
94. Signature of other official		95. Signature of other official		96. Signature of other official	
97. Signature of other official		98. Signature of other official		99. Signature of other official	
100. Signature of other official		101. Signature of other official		102. Signature of other official	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10693
Registered No.

52 10693

1. NAME OF DECEASED (Type or Print) JOHN DAVID KEHOE		2. DATE OF DEATH 11-22-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1804 WICKS AVE. #30	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH JUNE 19, 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clergyman		10B. KIND OF BUSINESS OR INDUSTRY CLERICAL	9. AGE (In years last birthday) 56
11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Michael Kehoe		14. MOTHER'S MAIDEN NAME Caroline Schornberg	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Frank Kehoe, 3610 Kemble Road.		ADDRESS	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Intermittent cardiac-vascular disease with multiple pulmonary and renal infarcts and anemia		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) and anemia			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 28 , 1952, to Nov. 22 , 1952, that I last saw the deceased alive on 11-22 , 1952, and that death occurred at 4:10 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Dr. E. P. Parcell		23B. ADDRESS Lutheran Hosp.	
23C. DATE SIGNED 11-23-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24B. DATE Nov. 26/52	24C. NAME OF CEMETERY OR CREMATORY Kearney Mausoleum	24D. LOCATION (City, town, or county) (State) Woodlawn, Ind.
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Edmondson	

38201 35

DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

38201 35

38201 35

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10694**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SAMUEL JOHNSON		2. DATE OF DEATH November 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 12-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3213 Barclay Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 12, 1925
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10B. KIND OF BUSINESS OR INDUSTRY Steel Plant	9. AGE (In years last birthday) 27	11. BIRTHPLACE (State or foreign country) Salem, N.C.
13. DECEASED'S NAME John Johnson		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Sarah Jeffery	
16. SOCIAL SECURITY NO.		17. INFORMANT John A. Johnson	
18. E873.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture of Jaw		DUE TO Fracture of Rt. Tibia & Fibula	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Boulevard		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Washington Boulevard near Waterloo	
21D. TIME (Month) (Day) (Year) (Hour) Nov. 22, 1952 8:20 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Driver of auto which hit tree	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Williams</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 22, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Interred		24B. DATE 11/24/52		24C. NAME OF CEMETERY OR CREMATORY Salem, N.C.	
24D. LOCATION (City, town, or county) (State) Salem, N.C.		25. FUNERAL DIRECTOR Mr. Katie Williams		ADDRESS 3221	
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1952		REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>		ADDRESS 3221	

1967 84

1967 84



52 10695

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10695

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Ruby

2. DATE
OF DEATH

Nov. 21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

9-08

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1028 E. North Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11-17-52

9. AGE (In years last birthday)

48

10. Under 1 Year
Months! Days11. Under 24 Hours
Hours! Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Miller

14. MOTHER'S MAIDEN NAME

Emma Pierce

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular accident

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive arteriosclerotic cardiovascular disease

years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Mitral stenosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 11-17-52 to 11-21-52, that I last saw the deceased alive on 11-21-52, and that death occurred at 11-21-52, from the causes and on the date stated above.

23A. SIGNATURE

Carol G. Johnson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/22/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/25/52

24C. NAME OF CEMETERY OR CREMATORY

MORE LAND MEMORIAL TAYLOR AVE

24D. LOCATION (City, town, or county)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

CHARLES W. KACHAUSKOS 703 MCHENRY ST.

NOV 25 1952

VS 150

BALTIMORE CITY HEALTH DEPARTMENT
A
CERTIFICATE OF DEATH

1905

1905

DATE OF DEATH

1905

52 10696

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10696
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joe Cohen

2. DATE
OF
DEATH

November 24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION 5007 Sunset Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5007 Sunset Road

c. Length of stay in Baltimore

55 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Aug 15, 1881

9. AGE (in years

last birthday)

11

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Mendel Cohen

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mendel Cohen - 5007 Sunset Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) ...
DUE TO

Coronary thrombosis

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...
DUE TO

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1952, to 11/27, 1952, that I last saw the deceased alive on 11/27, 1952, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 25 1952

Huntington Williams

Sol Levinson

1124-26 W. North Avenue

VS 150

42074

North Avenue

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and correctly written. Physicians: please write the causes of death clearly and correctly. Age is especially important.

30-10-98

CERTIFICATE OF DEATH

10-10-98

<p>1. Name of deceased (Print name in full)</p> <p>2. Date of birth (DD/MM/YY)</p> <p>3. Sex</p> <p>4. Usual residence (Print full address)</p> <p>5. Date of death (DD/MM/YY)</p> <p>6. Time of death (HH:MM)</p> <p>7. Place of death (Print full address)</p> <p>8. Cause of death (Print full description)</p> <p>9. Date of burial or cremation (DD/MM/YY)</p> <p>10. Place of burial or cremation (Print full address)</p> <p>11. Signature of Registrar (Print name and print signature)</p> <p>12. Signature of Medical Officer (Print name and print signature)</p> <p>13. Signature of Coroner (Print name and print signature)</p> <p>14. Signature of Police Officer (Print name and print signature)</p> <p>15. Signature of Family Member (Print name and print signature)</p> <p>16. Signature of Other (Print name and print signature)</p>	
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B-631

52 10697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10697

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Elisabeth Bradford

2. DATE
OF
DEATHSunday
November 23, 1952

3. PLACE OF DEATH

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1214 S. Hanover St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 23-01

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

1214 S. Hanover St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 30, 1889

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Elliott

14. MOTHER'S MAIDEN NAME

Katherine Grishel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Preston B. Bradford (Husband) Jane

ADDRESS

18.

196x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Malignancy of right shoulder 2 yrs.

DUE TO

girdle with general metastases

5 mos.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/19/1950, to 11/23/1952 that I last saw the deceased alive on 11/22/1952, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry Weibel

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

11/24/52.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery

24D. LOCATION (City, town, or county)

Glen Haven, P. O. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

P. J. Howard Evans

ADDRESS

1400 S. Charles St., Baltimore 30, Md.

1950 12

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY

1950 12

MEMORANDUM FOR THE SECRETARY
SUBJECT: [Illegible]
[Illegible text follows]

1. [Illegible]
2. [Illegible]
3. [Illegible]
4. [Illegible]
5. [Illegible]
6. [Illegible]
7. [Illegible]
8. [Illegible]
9. [Illegible]
10. [Illegible]

Very truly yours,
[Illegible Signature]
[Illegible Title]
[Illegible text follows]

52 10698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10698

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Agnes

2. DATE
OF
DEATHNovember 24
1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1610 S. HANOVER ST.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 23-02

D. STREET ADDRESS (If rural, give location)

1610 S. HANOVER STREET

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

FEMALE white

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 31, 1895

9. AGE (In years last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTH PLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John J. McConigle

14. MOTHER'S MAIDEN NAME

May Kenney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
William R. Krausz, 1610 Hanover

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) CORONARY INFARCTION
Acute

36 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive CARDIO-VASCU-
LAR DISEASEat least
3 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Obesity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from December 6, 1949, to November 24, 1952, that I last saw the deceased alive on Nov 24, 1952, and that death occurred at 1A m., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

5000 Old Frederick Road 11/24/52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cem

24D. LOCATION (City, town, or county)

A. A. Co

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

G. A. Ballard

ADDRESS

1400 16th Ave. N.E.

VS 150

STATE OF NEW YORK
CERTIFICATE OF DEATH

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

EDUCATION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

EDUCATION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

52 10699

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10699

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SOPHIA HENSCHEN

2. DATE
OF
DEATH

March 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

512 TUNBRIDGE ROAD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

27-48

D. STREET ADDRESS (If rural, give location)

512 TUNBRIDGE ROAD

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JULY 18, 1872

9. AGE (In years last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEKEEPER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

RUDOLPH HENSCHEN

14. MOTHER'S MAIDEN NAME

SCHNECHT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

W. L. WOODY 612 TUNBRIDGE RD.

ADDRESS

18. 191X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of skin, ear (left)

1940

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of viscera and lungs

1950

(C) Typhus

1952

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Coronary Thrombosis

1952

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Glen & Bishop

M. D.

23B. ADDRESS

503 Sheridan St

23C. DATE SIGNED

11-24-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11-24-1952

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. W. JENKINS & SONS Co. 4905 YORK RD

ADDRESS

52 10700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10700

Registered No. _____

BIRTH NO. <u>52-28476</u>			2. DATE OF DEATH <u>NOV. 24, 1952</u>		
1. NAME OF DECEASED (Type or Print) <u>BABY BOY BERG</u>			4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE <u>NEW BORN</u> B. COUNTY <u>Maryland</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Eldersburg Ind</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>UNION MEMORIAL HOSPITAL</u>			D. STREET ADDRESS (If rural, give location) <u>10 Walnut Ave 5600</u>		
c. Length of stay in Baltimore <u>NEWBORN</u>			8. DATE OF BIRTH <u>NOV. 24, 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>BABY</u>	9. AGE (In years last birthday)		10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NEWBORN</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>GILBERT JAMES BERG</u>			14. MOTHER'S MAIDEN NAME <u>SHIRLEY ALMA STANSFIELD</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Hospital Records</u>		

18. <u>776x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>PREMATURITY</u> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <u>2 min</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>NOV. 24</u> , 1952, to <u>NOV. 24</u> , 1952, that I last saw the deceased alive on <u>NOV. 24</u> , 1952, and that death occurred at <u>6 45 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Ruth M. Allen</u>		23B. ADDRESS M. D. <u>Union Memorial Hosp.</u>		23C. DATE SIGNED <u>25 Nov. 1952</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11-26-1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Providence</u>	
24D. LOCATION (City, town, or county) (State) <u>Carroll Co. Md.</u>		25. FUNERAL DIRECTOR ADDRESS <u>C. M. Watz, Confined Md.</u>			

00001 82

RECEIVED BY THE DIRECTOR

00001 82

RECEIVED BY THE DIRECTOR

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00001 82

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 10701**

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

ALBERT Alfred Thmiller

2. DATE

OF

DEATH

11/24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, Md.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #27

c. Length of stay in Baltimore

11

Yes
Mos.
Days

O. STREET ADDRESS (If rural, give location)

2019 Forest Ave 5300

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8/14/1913

9. AGE (In years last birthday)

39

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steel-worker

10B. KIND OF BUSINESS OR INDUSTRY

Pipe mfgs.

11. BIRTHPLACE (State or foreign country)

Honored Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Thmiller

14. MOTHER'S MAIDEN NAME

Mary Elizabeth Floker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

705-10-3220 Mrs Mildred Thmiller, b. 22 Nov

17. INFORMANT

ADDRESS

18. **151X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH **2019 Forest Ave. St.**

(A)

ONE TO

Carcinoma of stomach with generalized metastasis

about 4 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

20 Nov. 1952

19B. MAJOR FINDINGS OF OPERATION.

Generalized carcinomatosis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **13 Nov. 1952** to **24 Nov. 1952**, that I last saw the deceased alive on **23 Nov. 1952**, and that death occurred at **10:45 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Karl P. Mech, M.D.

23B. ADDRESS

11 E. Chase St (2)

23C. DATE SIGNED

24 Nov 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-26-52

24C. NAME OF CEMETERY OR CREMATORY

Springfield

24D. LOCATION (City, town, or county)

Springfield, Md.

(State)

DATE RECEIVED BY

NOV 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Weaver & Haight - Springfield, Md.

25. FUNERAL DIRECTOR

Weaver & Haight - Springfield, Md.

ADDRESS

18 JUL 1951

OFFICE OF THE SECRETARY
OF THE ARMY

18 JUL 1951



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 10702

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *FREDERICK E Dobson*

2. DATE OF DEATH *11-24-52*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Baltimore* B. COUNTY *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION
Church Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
DUNDALK 5253

c. Length of stay in Baltimore *12* Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
88 Kinship Road Dundalk

5. SEX *M* 6. COLOR OR RACE *W* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *S*

8. DATE OF BIRTH *8-12-97* 9. AGE (In years last birthday) *55* 10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Mechanic

10B. KIND OF BUSINESS OR INDUSTRY
STEEL

11. BIRTHPLACE (State or foreign country)
England

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
William Dobson

14. MOTHER'S MAIDEN NAME
EMMA FEIER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
PATIENT

ADDRESS

18. *450.1* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) *Cerebral Embolus*
DUE TO
(B) *Myocardial Infarction*
DUE TO
(C) *Auricular Fibrillation*
INTERVAL BETWEEN ONSET AND DEATH
20 minutes
2 months
2 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Hypertension Cardiovascular disease
5 years

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct 1* 1952 to *11-24*, 1952 that I last saw the deceased alive on *11-23*, 1952, and that death occurred at *12-4* a.m., from the causes and on the date stated above.

23A. SIGNATURE
Clark C. Calamus

23B. ADDRESS
Church Home & Hosp

23C. DATE SIGNED
11-24-52

24A. BURIAL, CREMATION, REMOVAL (Specify)
CREMATION

24B. DATE
NOV. 26-1952

24C. NAME OF CEMETERY OR CREMATORY
LOU DON PARK

24D. LOCATION (City, town, or county) (State)
BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR
NOV 25 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
ULLRICH FUNERAL HOME

ADDRESS
212 DUNDALK

1952 5543A

1952 0010604

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M-600

52 10703

BALTIMORE CITY HEALTH DEPARTMENT

52 10703

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52 10703 27591

1. NAME OF DECEASED
(Type or Print)

ERNEST MOYER, JR.

2. DATE
OF
DEATH

11-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glenburnie, Md.

5200

D. STREET ADDRESS (If rural, give location)

307 Wilson Blvd.

c. Length of stay in Baltimore

11 Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11-13-52

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days: Hours: Min.

11

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Ernest Moyer, Sr.

14. MOTHER'S MAIDEN NAME

Katherine Muller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Father's Moyer, Glenburnie, Md.

ADDRESS

18. 764.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Idiopathic dilatation of the
colon with colitis of an
undetermined type

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from 11-22-52, 19, to 11-24-52, 19, that I last saw the
deceased alive on 11-24-52, 19, and that death occurred at 8:07 Am., from the causes and on the date stated above.

23A. SIGNATURE

Mr. E. Paulsen

M. D.

23B. ADDRESS

Lutheran Hosp.

23C. DATE SIGNED

11-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 26

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county)

Brooklyn P.D., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 25 1952

Huntington Williams, M.D.

P. V. Singleton, Glen Burnie

VS 150

MARGIN RESERVED FOR BINDING

USE WRITING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

25 10203

CONFIDENTIAL

CONFIDENTIAL



52 10704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10704

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Chesnut

2. DATE
OF
DEATH

11-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

226 W. Monument St.

C. Length of stay in Baltimore

73 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9-12-1879

9. AGE (In years
last birthday)

73 yrs.

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired self employed

10B. KIND OF BUSINESS OR
INDUSTRY

Interior & Ex. Decorator

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Chesnut

14. MOTHER'S MAIDEN NAME

Mary Cassidy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs William Chesnut 226 W. Monument Street

18. 422.1 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Acute Pulmonary Edema*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Cardiac decompensation*
DUE TO(C) *Arterioscl. Cardio Vasc. disease*
DUE TOII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11-24, 1952, to 11-24, 1952, that I last saw the
deceased alive on 11-24, 1952, and that death occurred at 8:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/27/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 25 1952

Huntington Williams, M.D.

W. W. Weeks and Son 805 N. Calvert St.

VS 150

56482 0626

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

100118

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CHARGE OF CRIME

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52 10706

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10706

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD

JOHNSON

2. DATE
OF
DEATH

November 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

518 W. Cross Street

c. Length of stay in Baltimore

8 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April-5-1921

9. AGE (In years
last birthday)

31

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Skill Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Brick Buiness

11. BIRTHPLACE (State or foreign country)

Table City N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Johnson

14. MOTHER'S MAIDEN NAME

Hattie Lloyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George Johnson 225 S. Green St

18. E981X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot injury of right chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

hallway

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

726 W. Fayette Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

11/24/52 12:40 A.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

firearms

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

J. W. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

11/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/27/1952

24C. NAME OF CEMETERY OR CREMATORY

Green Sea Cem.

24D. LOCATION (City, town, or county)

Green Sea S.C.

(State)

DATE RECEIVED BY

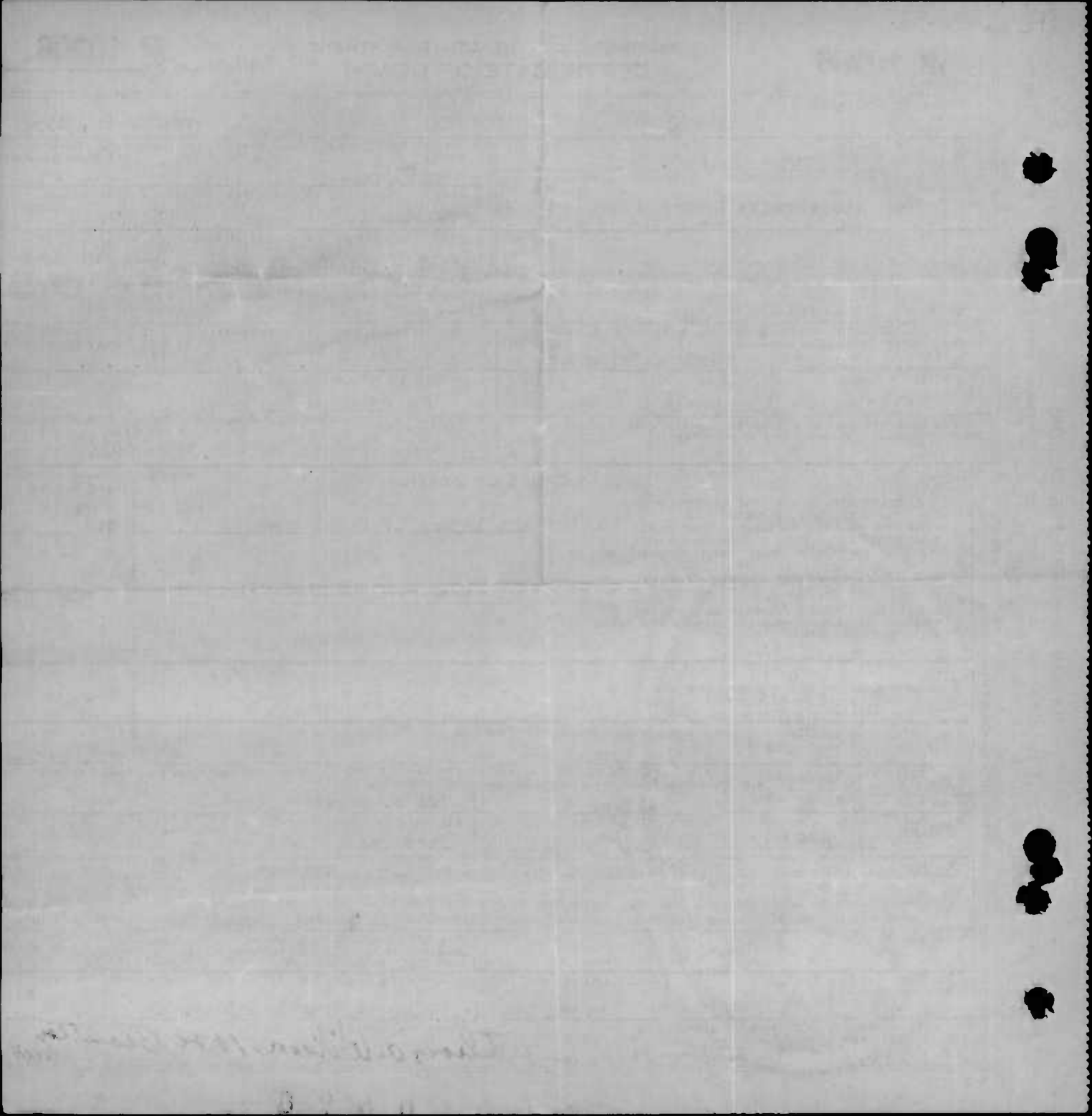
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

Thos. O. Wilson 1000 Beauty Ave



52 10707

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10707

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Edward William Davis*2. DATE
OF
DEATH*22 Nov 52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland -

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore #10 27-14

D. STREET ADDRESS (If rural, give location)

*11 Club Rd.*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE*Union Memorial Hosp.*

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 18, 1864

9. AGE (In years last birthday)

*87*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Realtors

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward William Davis

14. MOTHER'S MAIDEN NAME

Sarah Griffith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unk.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs. Martha Davis-11 Club Rd.*18. *331X*DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Cerebral Vascular Accident.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Essential Hypertension.*

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *18 Nov, 1952* to *22 Nov, 1952*, that I last saw the deceased alive on *22 Nov, 1952*, and that death occurred at *11:58 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Thos. A. Moulton

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

23 Nov 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/25/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Com.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 25 1952

REGISTRAR'S SIGNATURE

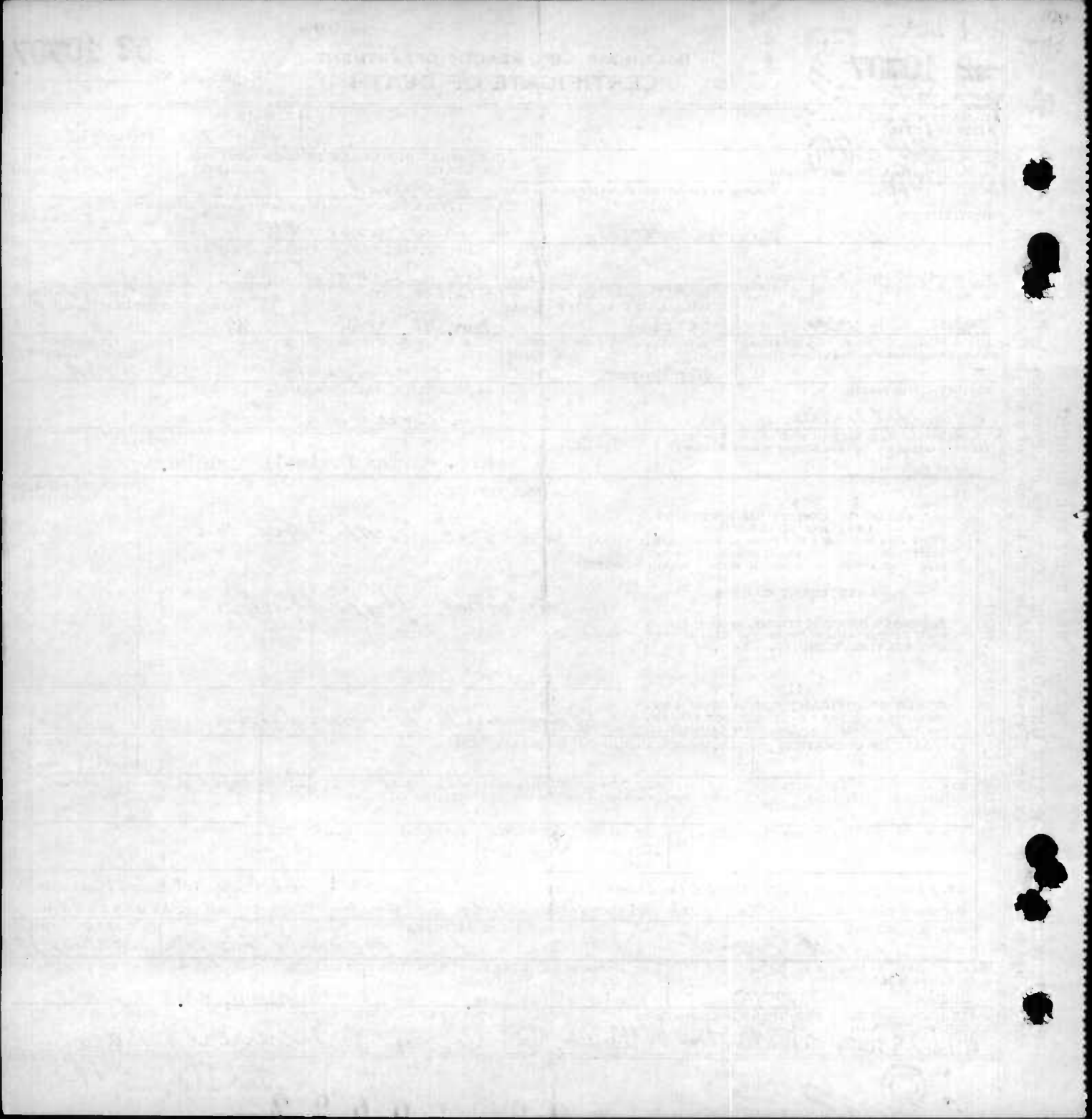
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tickner & Sons

ADDRESS

Balto. 17, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully and correctly stated. Physicians: please write the causes of death clearly and accurately. The correct age is especially important.

460
52 10709

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10709
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Schuler, Louis Edward		November 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1512 N. Montford Ave.			
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 6, 1924	9. AGE (In years last birthday) 28	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10B. KIND OF BUSINESS OR INDUSTRY Pfeiffer Bros.		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Louis Schuler		14. MOTHER'S MAIDEN NAME Eva M. Healy		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 217-18-2996		17. INFORMANT Catherine H. Schuler - 1512 N. Montford Ave.	
18. 572.0		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Dis - Rectal Fistula = Right</i>			
ANTECEDENT CAUSES		DUE TO <i>ulcer & femoral canal abscess</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Probable regional ileitis</i>			
		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Cholera</i>			
19A. DATE OF OPERATION 11-26-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from November 14, 1952, to November 23, 1952, that I last saw the deceased alive on Nov. 23, 1952, and that death occurred at 9:10am., from the causes and on the date stated above.					
23A. SIGNATURE E. P. Toffey Jr.		23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED Nov. 23, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-26-52		24C. NAME OF CEMETERY OR CREMATORY Baltimore National Cem. Frederick Rd. - Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR John C. Miller Inc. - 2435 E. Oliver St.	

NOV 25 1952
VS-150

52 10709

FORM 2

10-10-50

UNITED STATES OF AMERICA

1. Name of the person or organization

2. Address

3. City and State

4. Zip Code

5. Telephone Number

6. Date

7. Signature

8. Title

9. Organization

10. Remarks

11. Remarks

12. Remarks

13. Remarks

14. Remarks

15. Remarks

16. Remarks

17. Remarks

18. Remarks

19. Remarks

20. Remarks

21. Remarks

22. Remarks

23. Remarks

24. Remarks

25. Remarks

26. Remarks

27. Remarks

28. Remarks

29. Remarks

30. Remarks

52 10710

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10710

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Harry Wilson Grose</u>			2. DATE OF DEATH <u>11-22-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Memorial Hospital</u>			C. CITY OR TOWN <u>Baltimore</u> (If outside corporate limits, write RURAL and give township) <u>13-08</u>		
c. Length of stay in Baltimore <u>78</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>3636 Buena Vista Ave #11</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Nov. 27, 1874</u>	9. AGE (In years last birthday) <u>78</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Custodian</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>City College</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>William Grose</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME <u>Emma Hager</u>		
16. SOCIAL SECURITY NO.			17. INFORMANT <u>Mrs. George J. Knight</u> ADDRESS <u>3536 Buena Vista Ave</u>		

18. 585X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Intestinal Obstruction
DUE TO due to postoperative adhesions(C) Cholecystitis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>11-13-52</u>		19B. MAJOR FINDINGS OF OPERATION <u>Acute cholecystitis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11-13</u> , 19 <u>52</u> , to <u>11-22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-22</u> , 19 <u>52</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Louise Schaefer</u>		23B. ADDRESS <u>Union Memorial Hospital</u>		23C. DATE SIGNED <u>11-22-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11-25-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood Cem.</u>	
24D. LOCATION (City, town, or county) <u>Taylor Ave. - Balto. Md.</u>		24E. LOCATION (State) <u>Md.</u>		25. FUNERAL DIRECTOR <u>John C. Miller Inc.</u> ADDRESS <u>2435 E. Oliver St.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 25 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>John C. Miller Inc.</u> ADDRESS <u>2435 E. Oliver St.</u>	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be written legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

01001 SE

UNITED STATES DEPARTMENT OF THE ARMY
CENTRAL INTELLIGENCE DIVISION

01001



H-252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10741

52 10741
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

IDALY

HAWKINS

2. DATE
OF DEATH November 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE District of Columbia

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Washington

D. STREET ADDRESS (If rural, give location)

1407 W Street, N.W.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug. 15, 1906

9. AGE (In years last birthday)

46

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

Hotel

13. FATHER'S NAME

11. BIRTHPLACE (State or foreign country)

South Carolina

14. MOTHER'S MAIDEN NAME

Lula P. Hs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. E812.1 and 322.0 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushing injury of the head

XXXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Fracture of right femur

XXXXX

(C) Acute Alcoholism

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Route 1 at Elkridge

6300

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

11/23/52 6:40 P. m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

auto

Pedestrian struck by truck and then by

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
11/24/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-26-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county)

Washington, D. C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 25 1952 Huntington Williams, M.D.

Chas. R. Law 802 Madison Ave.

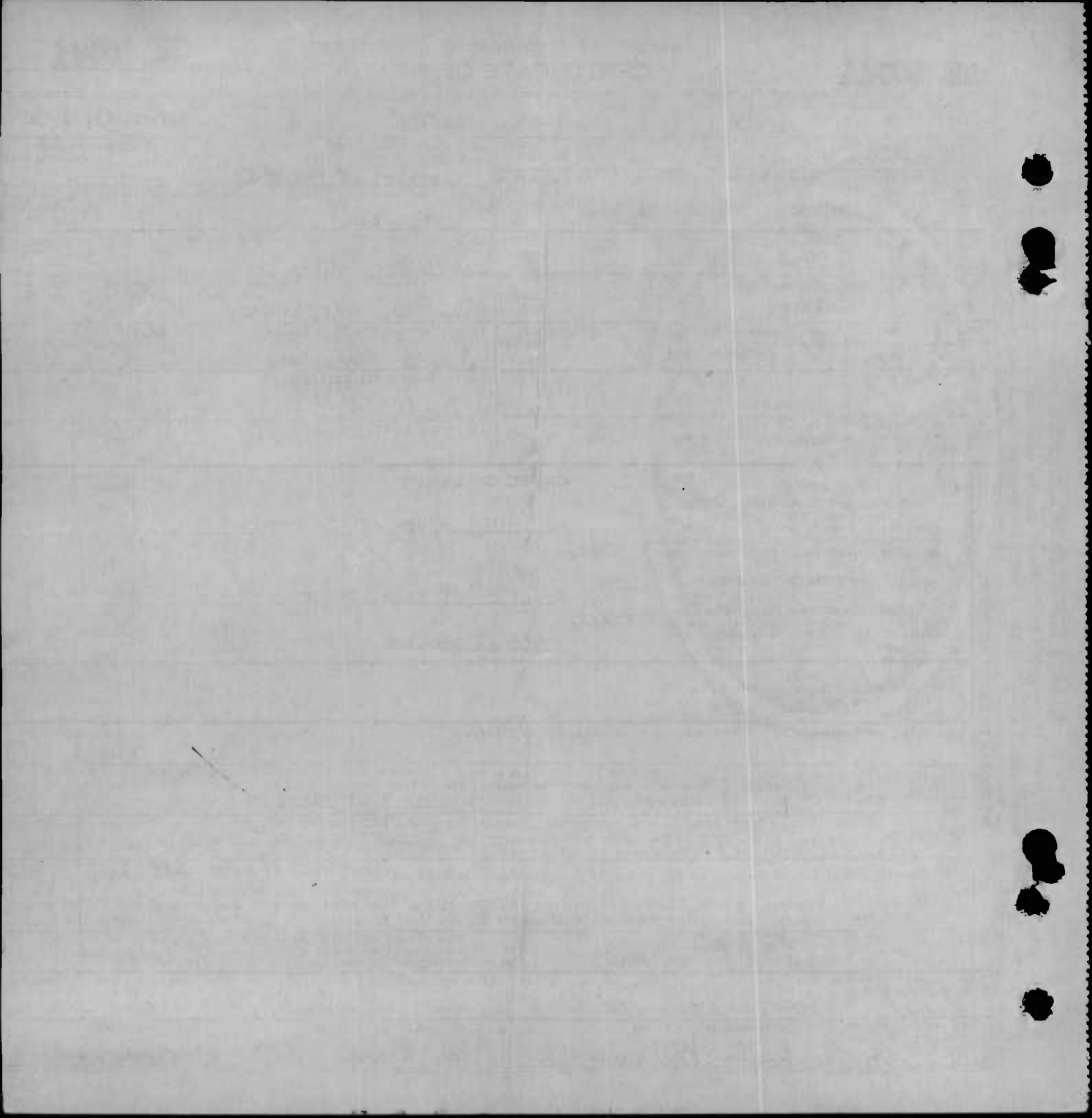
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N804.2

780 813

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be legibly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



B-20 Med Exam Case Released to Hospital

52 10712

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10712

Registered No.

BIRTH NO. <i>108 Res.</i>		1. NAME OF DECEASED (Type or Print) <i>Gerald Neil Beck</i>		2. DATE OF DEATH <i>Nov. 23, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Johns Hopkins Hosp</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-03</i>			
c. Length of stay in Baltimore <i>2</i> Yrs. <i>2</i> Mos. <i>2</i> Days		D. STREET ADDRESS (If rural, give location) <i>3538 Old York Rd</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	8. DATE OF BIRTH <i>2-15-1950</i>	9. AGE (In years last birthday) <i>2</i>	If Under 1 Year Months: Days <i>109 8</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>New Bedford, Massachusetts U.S.A.</i>	
13. FATHER'S NAME <i>Ronald E. Beck</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>204.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Probable overwhelming and terminal squamous pneumonia</i>		CAUSE OF DEATH (A) <i>Chronic Probable overwhelming and terminal squamous pneumonia</i> (B) <i>Chronic atelectasis in both lungs</i> <i>? Chronic leukemia</i> (C)		INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i> <i>14 mths</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Bored narrow depression</i>			
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? <i>JOHNS HOPKINS HOSPITAL</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>11/23/52</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/23, 1952</i> , to <i>11/23, 1952</i> , that I last saw the deceased alive on <i>11/23, 1952</i> , and that death occurred at <i>8:45 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>A. Sherman</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11/24/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/26/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park Cemetery Frederick Rd Balto Md.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		25. FUNERAL DIRECTOR <i>George J. Ruth, Inc 1735 Hayford Avenue</i>		25. ADDRESS <i>1735 Hayford Avenue</i>	

VS 150

To Be approved

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

+ ft 2 x 1 1/2

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10713
52 10713
L-100
MLB. 161352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10713
Registered No.

1. NAME OF DECEASED (Type or Print) Michael Labue		2. DATE OF DEATH 11-24-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 15 Yrs		D. STREET ADDRESS (If rural, give location) 1000 Northern Parkway	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 8, 1914
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 38 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.
13. FATHER'S NAME Patsey Labue		14. MOTHER'S MAIOMEN NAME Cora Randazzo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY RECORDS: Baltimore City Hospitals 4940 Eastern Ave	

16. 434.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Idiopathic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardiac Hypertrophy and Dilatation		
(C) Rt. Hemothorax		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 21		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 7-23- 19 52 , to 11-24- 19 52 , that I last saw the deceased alive on 11-24- 19 52 and that death occurred at 9:25 P.M. from the causes and on the date stated above.				
23A. SIGNATURE H. J. Schumacher		23B. ADDRESS 4940 Eastern Ave. Balto Md.		23C. DATE SIGNED 11-24-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Nov. 25-1952	24C. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24D. LOCATION (City, town, or county) (State) Altoona Pa	
DATE RECEIVED BY LOCAL REGISTRAR NOV 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR George L. Schumacher 3101 Linden Ave		

100-100000

CERTIFICATE OF DEATH

100-100000

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M-460
52 10714BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10714

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BARBARA L. MILLER

2. DATE
OF
DEATH

11-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2004 McHENRY ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE MD-03

D. STREET ADDRESS (If rural, give location)

2004 WILHELM ST.

c. Length of stay in Baltimore

LIFE

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SEAMSTRESS

10B. KIND OF BUSINESS OR
INDUSTRY

Men's APPAREL

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

UNKNOWN.

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO N5

16. SOCIAL
SECURITY NO.

215-07-6891

17. INFORMANT

ADDRESS

IRVIN MILLER 3608 CLARKS LANE

18. 422.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocarditis

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1950, 19, to 11/24, 1952, that I last saw the
deceased alive on 11/24, 1952, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Edward A. Collins

M. D.

23B. ADDRESS

4300 Hunt Nt Co

23C. DATE SIGNED

11/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

11-28-52

LONDON PARK

BALTIMORE, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 25 1952

Huntington Williams, M.D.

GEO. L. Schwab 2101 FREDERICK AVE

VS 150

52 690460 706

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1900

DEPARTMENT OF COMMERCE

OFFICE OF THE SECRETARY

1900

0070

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10715
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NELLIE WALDNER

2. DATE
OF
DEATH

Nov. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

603 S. MONROE ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

19-04

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

603 S. MONROE ST.

5. SEX

FEMALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

August 4, 1876

9. AGE (In years
last birthday)

76

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Daniel Donohue

14. MOTHER'S MAIDEN NAME

ELLEN KELLY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

Mr. C. Erdmann ALBICKER 4 Hayflower Ct.

ADDRESS

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs

6 mos

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/27, 1950 to 11/24, 1952, that I last saw the
deceased alive on 11/24, 1952, and that death occurred at 2 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Miller MD

M. D.

23B. ADDRESS

2030 Wilkes Ave

23C. DATE SIGNED

11/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11-26-52

24C. NAME OF CEMETERY OR CREMATORY

LONDON PARK

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

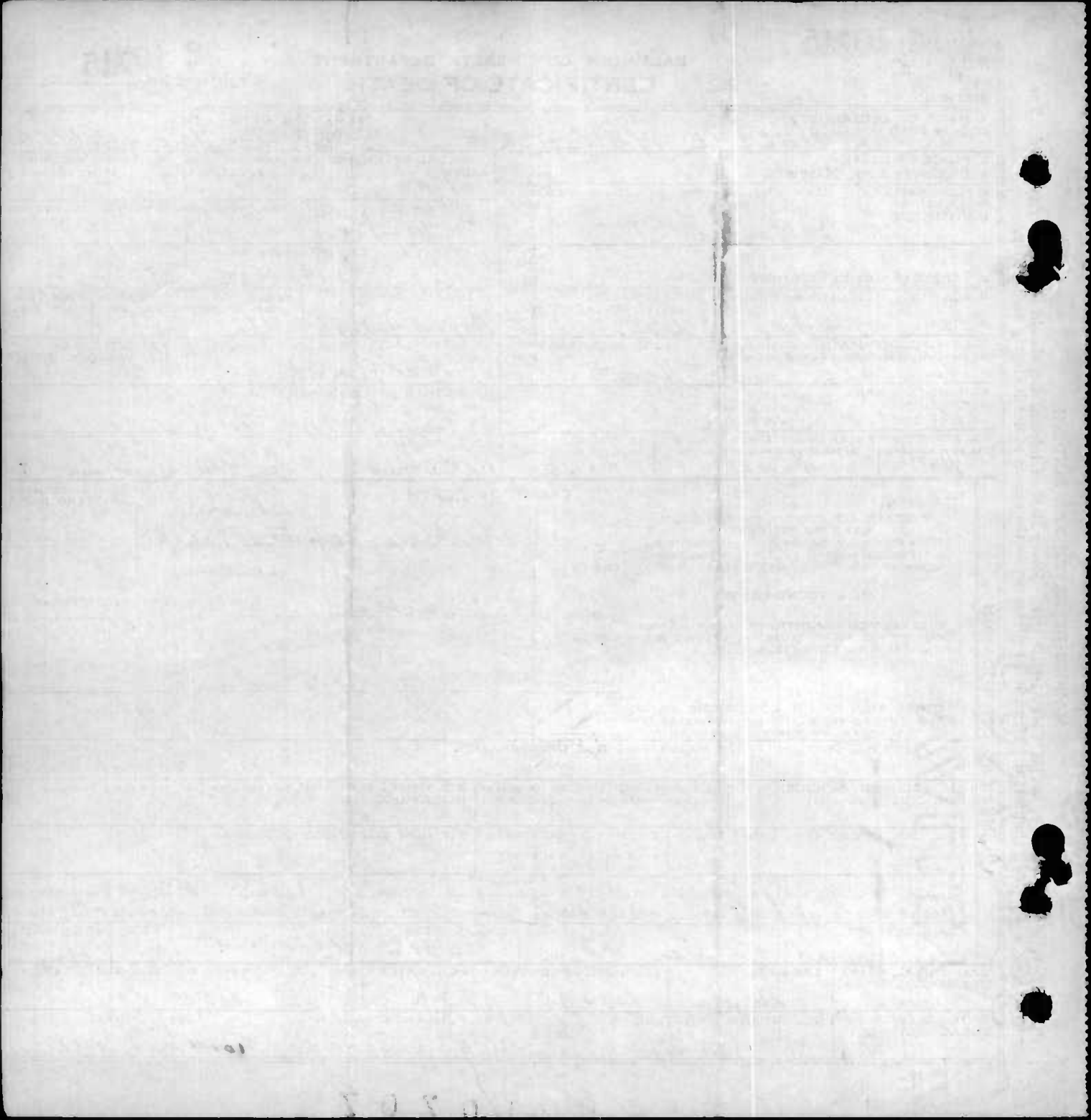
REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Geo. L. Schwab 2101 Frederick Ave

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mollie E. Williams

2. DATE
OF
DEATH

Nov. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3904 Edmondson Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 16-08

D. STREET ADDRESS (If rural, give location)

3904 Edmondson Ave.

c. Length of stay in Baltimore

life

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

10/17/1866

9. AGE (In years
last birthday)

86

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

home

10B. KIND OF BUSINESS OR
INDUSTRY

home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John E. Giles

14. MOTHER'S MAIDEN NAME

Sarah A. Mc Nulty

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. W.B. Hickey - 3904 Edmondson Ave.

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Thrombosis
with occlusion

6 hrs.

ANTECEDENT CAUSES

(B)

DUE TO

Arteriosclerosis

15 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Senility

15 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from ⁴⁵1915 to Nov 23, 1952 that I last saw the
deceased alive on Nov 23, 1952 and that death occurred at 11:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. C. Wells

M. D.

23B. ADDRESS

4100 Edmondson Ave.

23C. DATE SIGNED

11/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 25 1952

Huntington Williams, M.D.

John T. Stansbury - 2700 Edmondson Ave

3000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3000

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

165198
52 10747

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10747
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **Guy Reynolds**

2. DATE OF DEATH
11.23.52.

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
**Baltimore City Hospitals
4940 Eastern Ave**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore **L life**
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
634 S. L. High St.

5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Oct. 27. 1876** 9. AGE (in years last birthday) **76** 11 Under 1 Year Months: Days 12 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
William Reynolds

14. MOTHER'S MAIDEN NAME
Nancy Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
**Baltimore City Hospitals. Records.
4940 Eastern Ave**

18. **331X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Cerebral Vascular Accident

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11.21** 19**52**, to **11.23** 19**52**, that I last saw the deceased alive on **11.21.** 19**52**, and that death occurred at **9.10 am**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Baltimore City Hospital Ave

11.23.52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

11/26/52

PAK LAWN

BALTIMORE MD

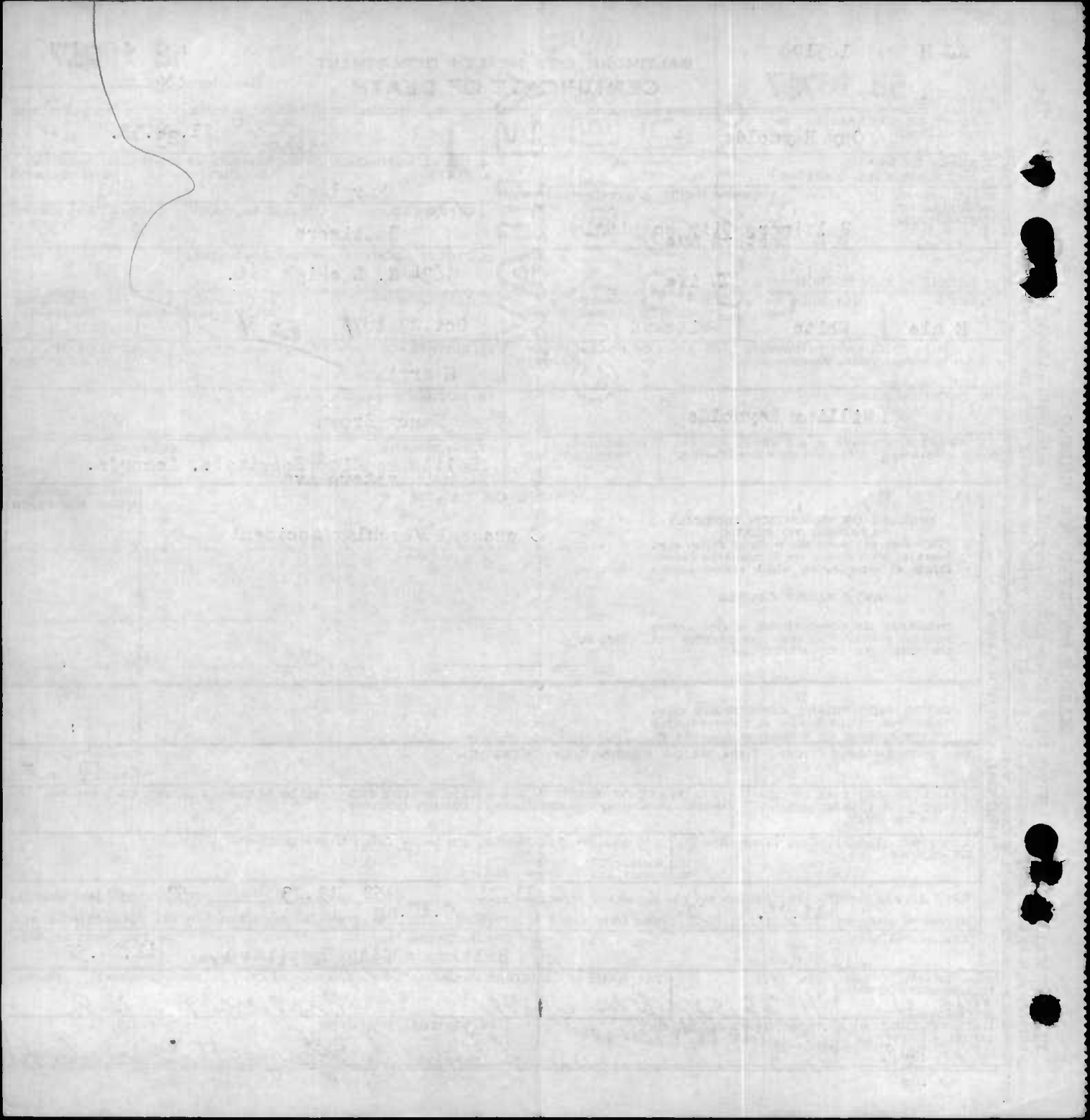
DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

NOV 25 1952

Clarence F. Hoffmann 1639 Broadway



S-222
52 10718BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10718
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lucinda Stokes</i>		2. DATE OF DEATH <i>Nov 24 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>9-09</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1523 N. Edgewood St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>40 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1523 N. Edgewood St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 28 1897</i>	9. AGE (In years last birthday) <i>55</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Littletown N.C.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>James Jenkins</i>		14. MOTHER'S MAIDEN NAME <i>Betty Eaton</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Stacy Stokes 1523 N. Edgewood St</i>	
18. <i>442x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) <i>hypertensive cardio-renal disease</i> DUE TO <i>[uremia]</i>		INTERVAL BETWEEN ONSET AND DEATH <i>several years</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-18</i> , 1952 to <i>11/24</i> , 1952 that I last saw the deceased alive on <i>11-23</i> , 1952, and that death occurred at <i>1:58 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>1500 EAST MADISON ST. BALTIMORE, MD.</i>		23C. DATE SIGNED <i>11-20-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 28/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary</i>	
24D. LOCATION (City, town, or county) (State) <i>U A County Md</i>		25. FUNERAL DIRECTOR ADDRESS <i>Mrs Robert G. Elliott & Daughter 1129 N. Caroline St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 25 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		VS 150	

STATEMENT OF DEATH
CERTIFICATE OF DEATH

1971

NAME OF DECEASED		DATE OF DEATH	
SEX		AGE	
RACE		EDUCATION	
MARRIAGE		OCCUPATION	
CAUSE OF DEATH		PLACE OF DEATH	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES	
SIGNATURE OF PHYSICIAN		SIGNATURE OF MINISTER	
SIGNATURE OF CORONER		SIGNATURE OF JURY	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES	
SIGNATURE OF PHYSICIAN		SIGNATURE OF MINISTER	
SIGNATURE OF CORONER		SIGNATURE OF JURY	

1000 2

RECEIVED BY THE U.S. DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

1000 27



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10720

52 10720
BIRTH NO. 52-19747

1. NAME OF DECEASED (Type or Print) DEBORAH LEE SELIG			2. DATE OF DEATH November 23, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland		
b. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 237 S. Gilmor Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Aug. 26, 1952		9. AGE (In years last birthday) 2 Months 27 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George F. Selig			14. MOTHER'S MAIDEN NAME Edwina M. Kratz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. John W. Dix, 334 S. Poppleton Street		

1b. **E902.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hemoperitoneum**DUE TO **Laceration of Liver**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

237 S. Gilmor Street**19/3**

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

11/22/52

a. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ OR NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

fell from the bed to the floor

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

R. H. Fisher

M.D.

23b. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐23c. DATE SIGNED
11/24/5224a. BURIAL, CREMATION, REMOVAL (Specify)
burial

24b. DATE

11/26/52

24c. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24d. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

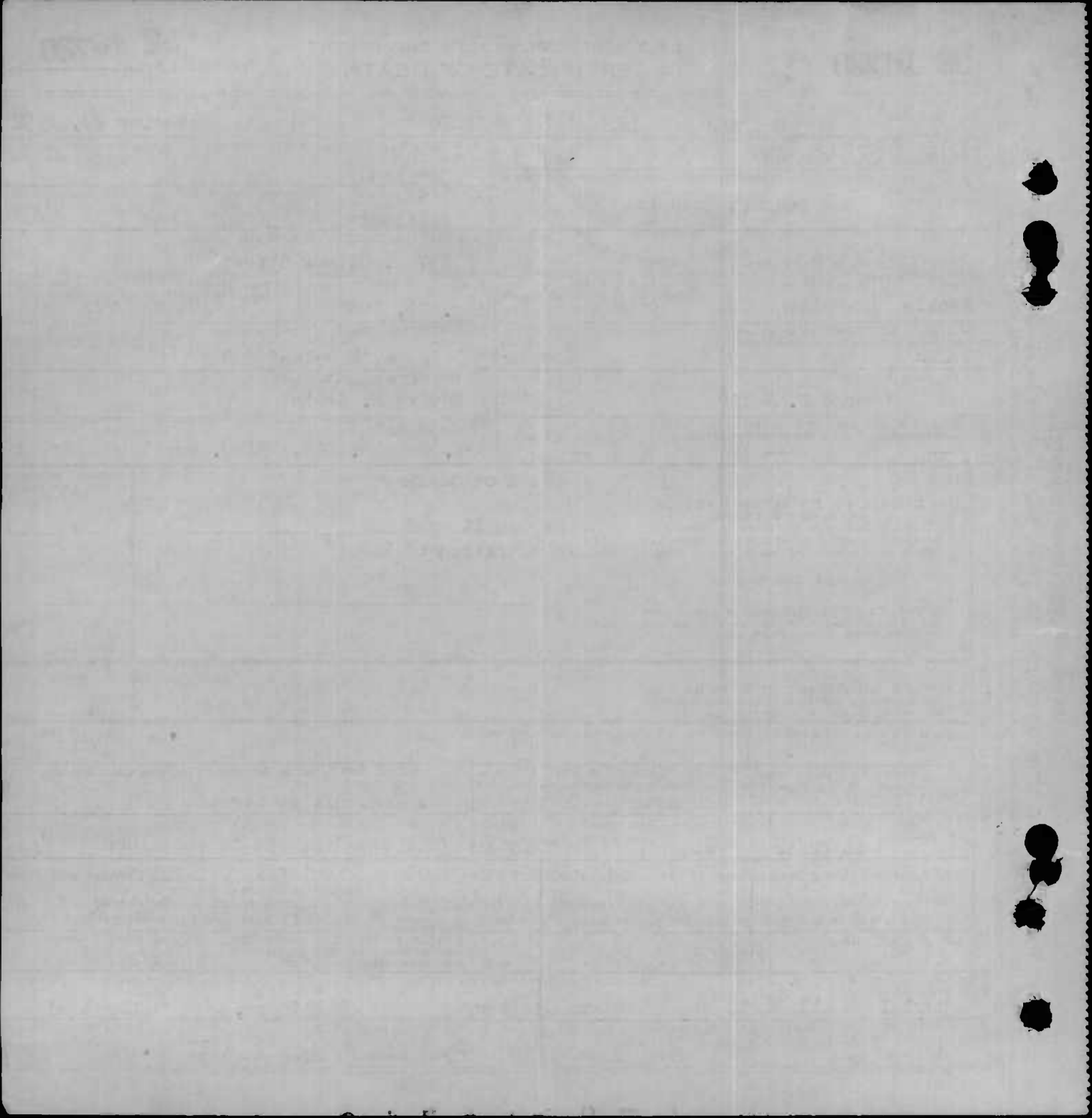
Washington Withers, M.D.

25. FUNERAL DIRECTOR

H. M. Cook, Inc.

ADDRESS

1217 St. Paul Street



52 10721

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10721

Registered No.

BIRTH NO. **MLB. 107873**

1. NAME OF DECEASED (Type or Print) Wilhelmina Clendenin			2. DATE OF DEATH 11-23-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 25, 1869(?)		9. AGE (In years last birthday) 83 (?)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME William Murr			14. MOTHER'S MAIDEN NAME Mary Harrison		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. Records: Baltimore City Hospitals 4940 Eastern Ave		

18. **216 X and .002 X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Torsion of Ovarian Dermoid Cyst**DUE TO **with intra abdominal hemorrhage**

ANTECEDENT CAUSES

(B) **Pulmonary Tuberculosis inactive**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO **Senility**

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-23-**, 19**47**, to **11-23-**, 19**52** that I last saw the deceased alive on **11-23-**, 19**52**, and that death occurred at **6:35 PM** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave. Balto Md.**11-23-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial**11/26/52****Loudon National Cemetery****Baltimore,****Maryland**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 25 1952**Huntington Williams, M.D.****Wm. Cook, Inc.****1217 St. Paul Street**

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100-100

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100-100

100-100

100-100

100-100

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52 10722

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10722

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUTTIE B. CONNER

2. DATE OF DEATH November 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1809 Guilford Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1809 Guilford Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE. MARRIED.

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 17, 1890

9. AGE (In years last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John W. Hemphill

14. MOTHER'S MAIDEN NAME

Sarah Shipley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Oliver D. Conner, 1809 Guilford Avenue

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis
Myocardial Infarction
Pulmonary Edema

1 day

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 21 - 1952 to Nov 24 - 1952, that I last saw the deceased alive on Nov 23, 1952, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

W. G. Gayson

M. D.

23B. ADDRESS

156 N. Walton Ave

23C. DATE SIGNED

11/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/26/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Parkville,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. M. Cook, Inc.

ADDRESS

1217 St. Paul Street

VS 150

10-10-50

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

10-10-50

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

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IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

52 10723

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10723

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edith M. Buckley

2. DATE
OF
DEATH

11/24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

20-05

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

935 Brunswick St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

935 Brunswick St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/21/905

9. AGE (in years)

47

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm O. Crawford

14. MOTHER'S MAIDEN NAME

Mary A. Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT
Mrs Ellis Williams Hawkins Pt. Rd.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) chronic nephritis

4 years

DUE TO

Diabetes mellitus

6 years

ANTECEDENT CAUSES

(B)

Rheumatoid arthritis

1 year

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 2, 1952, to Nov 24, 1952, that I last saw the deceased alive on Nov 19, 1952, and that death occurred at 7:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/28/52

U. S. National

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 25 1952

Huntington Williams, M.D.

Wm Coof Inc. 1217 St. Paul st.

VS 150

19520010715

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10724

Registered No.

52 10724

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VAN BUREN DAVIS

2. DATE
OF
DEATH

11-24-52

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Md.

20-07

D. STREET ADDRESS (If rural, give location)

509 Edgewood St

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

W.

7. SINGLE (MARRIED)

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

6-3-1874.

9. AGE (In years last birthday)

78 yrs.

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob. Davis

14. MOTHER'S MAIDEN NAME

Jessie James

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Nellie B. Davis, 509 Edgewood St

18. 540.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Acute Pulmonary Edema
DUE TO A. S. C. V. D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) 24 hr. Op. Gastric enterostomy
DUE TO 1 dayII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-17-52

19B. MAJOR FINDINGS OF OPERATION

Peptic ulcer

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24, 1952 to 11-24, 1952, that I last saw the deceased alive on 11-24, 1952, and that death occurred at 11:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

George. Sloan

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

11-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

Nov. 28/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore 29, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harvey H. Hinkle, 4101 Edmondson Ave

NOV 25 1952

1000000000

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10725

Registered No.

BIRTH NO.

52 10725

52-27983

1. NAME OF DECEASED
(Type or Print)

BABY BOY JARVIS

2. DATE
OF
DEATH

NOV-21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Hospital for the Women of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore # 11 / 2-07

D. STREET ADDRESS (If rural, give location)

3042 Remington Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

11-21-52

D. AGE (in years
last birthday)H Under 1 Year
Months DaysI Under 24 Hours
Hours: Min.

2 20

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Albert Leroy

Jarvis

14. MOTHER'S MAIDEN NAME

Evelyn Gertrude Heavel

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

(Mother)

ADDRESS

Mrs Albert Jarvis 3042 Remington Ave.

18.

776x

I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

IMMATURITY

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

PREMATURE ONSET OF LABOR

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. DECEASED WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Nov 21, 1952, to Nov 21, 1952, that I last saw the
deceased alive on Nov 21, 1952, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert R. Loecher

M. D.

23B. ADDRESS

Hospital for the Women of Md. 11-21

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL NOV 25 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

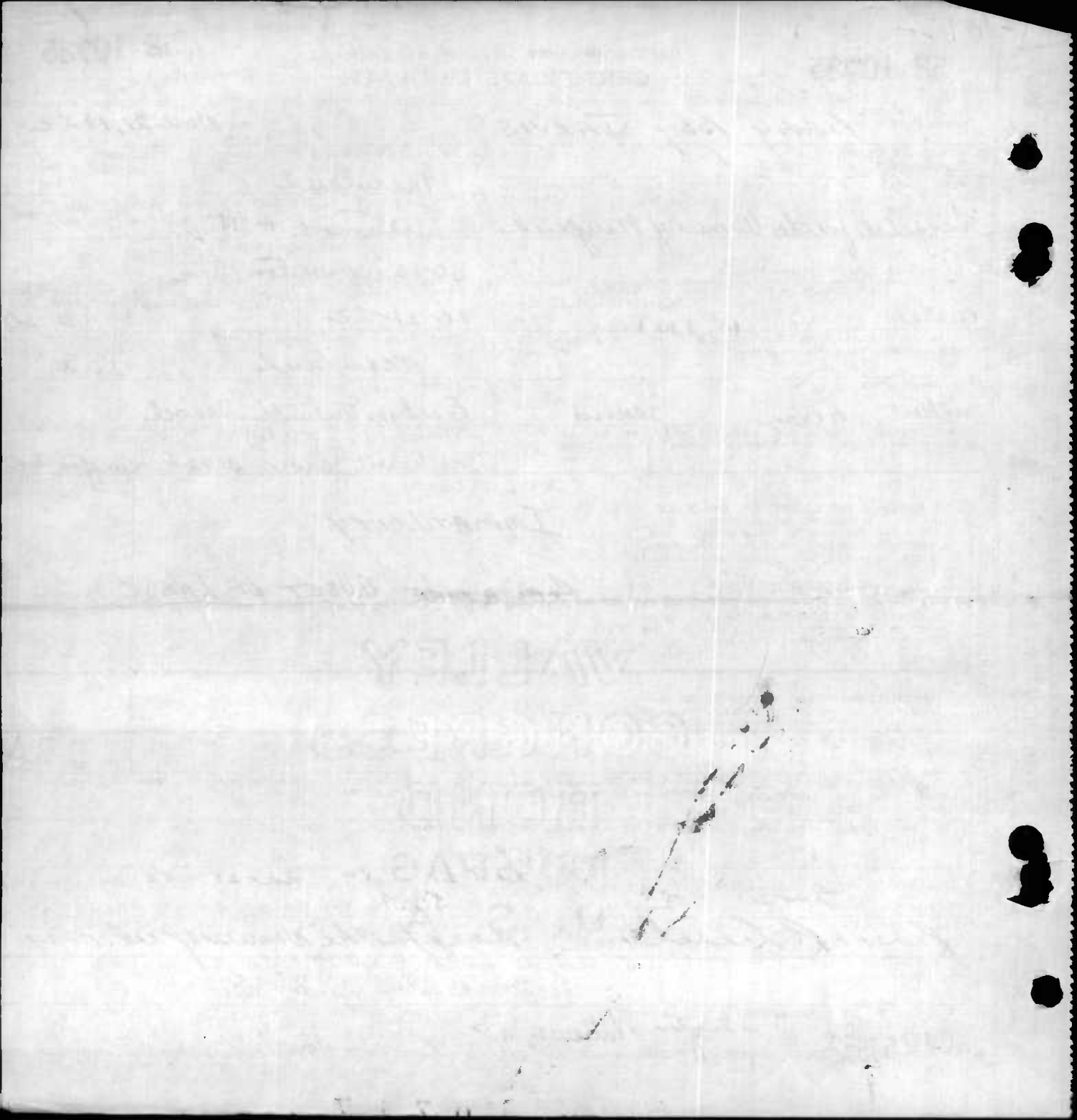
25. FUNERAL DIRECTOR

ADDRESS

NOV 25 1952

Huntington Williams, M.D.

Huntington Williams, M.D.



52 10726

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10726

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

George Parker Dix

2. DATE
OF
DEATH

11-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

UNION Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-12

c. Length of stay in Baltimore

lifetime

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

108 Loydhurst Ave

5. SEX

m.

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 14 1899

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Plant Manager

10B. KIND OF BUSINESS OR
INDUSTRY

MINING ENGINEER

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edgar H. Dix

14. MOTHER'S MAIDEN NAME

Margaret Chesley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Wife

ADDRESS

same

18. 5810

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Intestinal bleeding

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cirrhosis of liver

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/23/52

19B. MAJOR FINDINGS OF OPERATION

Cirrhosis of liver

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23-1952 to 11-24-1952 that I last saw the
deceased alive on 11-24-1952 and that death occurred at 1:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. A. B. Berh...

23B. ADDRESS

M. D. U. M. H.

23C. DATE SIGNED

11-24-52.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

Presbyterian

24D. LOCATION (City, town, or county)

Churchville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons

ADDRESS

1900 Eastaw Pl.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

SS 1038

STATE OF NEW YORK

SS 1038

CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF BIRTH		PLACE OF BIRTH	
DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH		SIGNATURE OF DECEASED	
SIGNATURE OF DECEASED		SIGNATURE OF DECEASED		SIGNATURE OF DECEASED		SIGNATURE OF DECEASED		SIGNATURE OF DECEASED		SIGNATURE OF DECEASED	

NAME OF DECEASED		AGE		SEX		RACE		DATE OF BIRTH		PLACE OF BIRTH	
DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH		SIGNATURE OF DECEASED	
SIGNATURE OF DECEASED		SIGNATURE OF DECEASED		SIGNATURE OF DECEASED		SIGNATURE OF DECEASED		SIGNATURE OF DECEASED		SIGNATURE OF DECEASED	

NAME OF DECEASED		AGE		SEX		RACE		DATE OF BIRTH		PLACE OF BIRTH	
DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH		SIGNATURE OF DECEASED	
SIGNATURE OF DECEASED		SIGNATURE OF DECEASED		SIGNATURE OF DECEASED		SIGNATURE OF DECEASED		SIGNATURE OF DECEASED		SIGNATURE OF DECEASED	

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 10727**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH

CARRINGTON

2. DATE
OF
DEATH

November 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

131 E. Eager Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1-14-1936

9. AGE (In years last birthday)

16

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHILD

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JAMES HAME

14. MOTHER'S MAIDEN NAME

Evelyn CARRINGTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Evelyn Carrington 1311 E. Eager St

18. E916.7

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Second and third degree burns of 90%

XXXX of body

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.)

Jail

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore City Jail

10/3

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Nov. 20, 1952 5:15 P.M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Set fire to papers

in cell without intent to kill self

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 22, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11-26-52

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county)

A.A. County

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Joseph S. Rocks, Jr

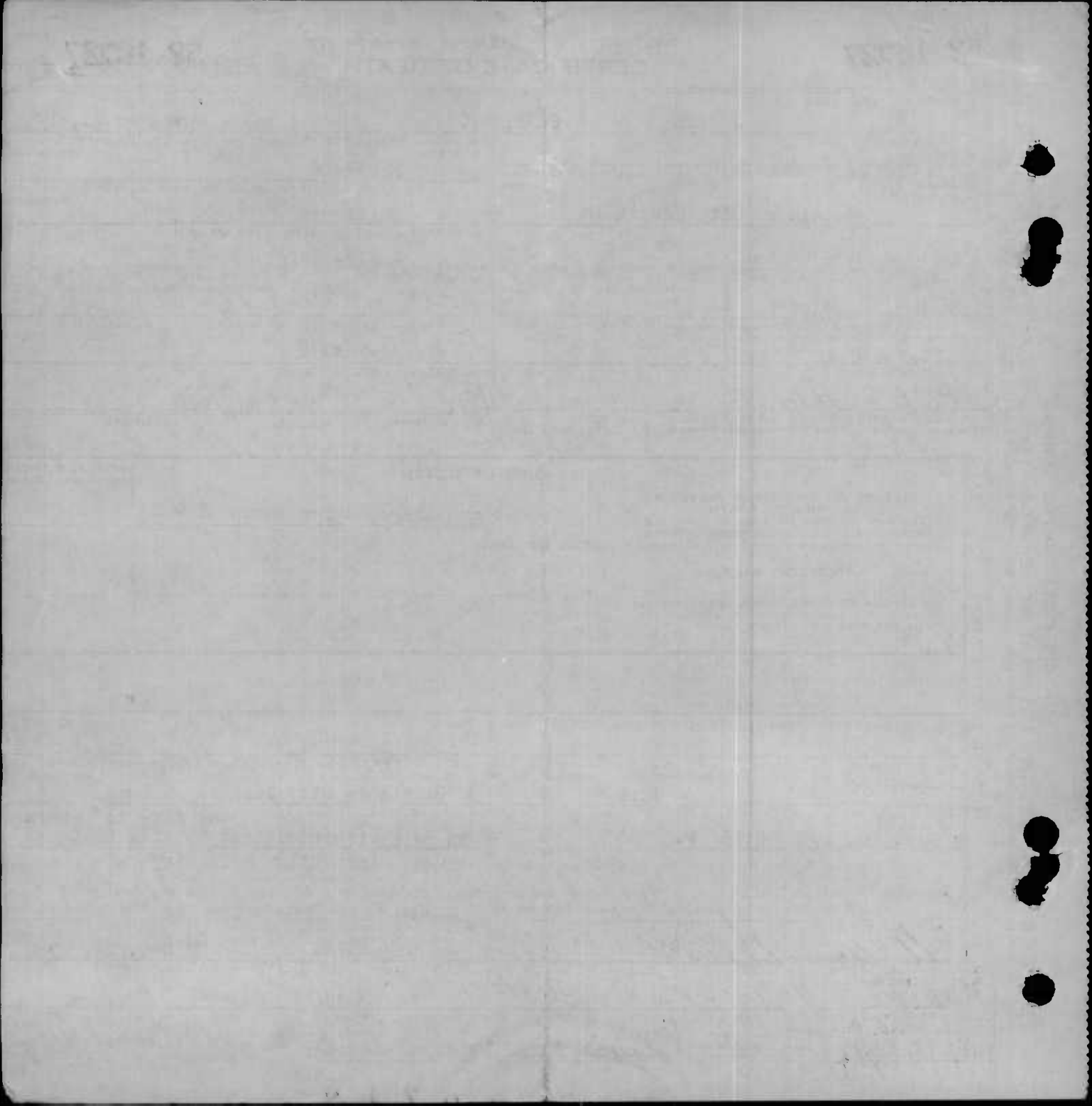
ADDRESS

1304 N. Central Ave

NOV 25 1952

V S 151

N948.2



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

260

52 10728

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10728

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) GEORGE J. FISCHER			2. DATE OF DEATH Nov. 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION E. M. Bresson St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 26-44		
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 677 St. Mary St. Plessy		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH Aug 13, 1883	9. AGE (in years last birthday) 69.	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10B. KIND OF BUSINESS OR INDUSTRY BTO	11. BIRTHPLACE (State or foreign country) BALTIMORE Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Musheal Fischer			14. MOTHER'S MAIDEN NAME Theresa Doberst		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. NONE	17. INFORMANT FRANK FISCHER		
			ADDRESS 1367 JANNEY		

18. 420.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary thrombosis		
ANTECEDENT CAUSES		(B) Art. scl. C.V. disease		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan 1950 , to 11/22, 1952 that I last saw the deceased alive on 11/22, 1952 and that death occurred at 12⁰⁰ A.M. , from the causes and on the date stated above.				
23A. SIGNATURE J. H. Goodman		23B. ADDRESS 3400 E. Dwyer	23C. DATE SIGNED 11/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) NOV 25 1952	24B. DATE NOV 26 1952	24C. NAME OF CEMETERY OR CREMATORY SACRED HEART	24D. LOCATION (City, town, or county) (State) TRAPPE ROAD Md	
DATE RECEIVED BY NOV 25 1952		25. FUNERAL DIRECTOR 312 S. Highland ave		

69050

G-550
52 10729BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10729
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH GIAMMONA

2. DATE

OF DEATH NOV. 23rd 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1400 N. Caroline St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

ST. JOSEPH HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3338 Lydale Ave

c. Length of stay in Baltimore

36 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

NOVEMBER 11 1888 64

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Kitchen Helper

10B. KIND OF BUSINESS OR INDUSTRY

Hotel

11. BIRTHPLACE (State or foreign country)

Palermo Sicily ITALY.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Pietro Giammona

14. MOTHER'S MAIDEN NAME

Brigida La Piana

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Anthony Giammona (Brother) 1009 E. Lombard St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15, 1950, to 9/20, 1952, that I last saw the deceased alive on 9/20, 1952, and that death occurred at 10 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

NOV. 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEMETERY

24D. LOCATION (City, town, or county) (State)

2430 Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

322 S. High St.

NOV 25 1952

Huntington Williams, M.D. 322 S. High St.

1952 280-5880 721

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The physician's signature is important. Physicians: please write the causes of death clearly and accurately.

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52 10730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10730

Registered No. _____

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Leonard Grady Wyrick			2. DATE OF DEATH Nov. 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Tennessee B. COUNTY V-39		
B. FULL NAME OF HOSPITAL OR INSTITUTION USPHS Hospital Baltimore 11, Md.			C. CITY OR TOWN Harriman (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore Unknown			D. STREET ADDRESS (If rural, give location) ---		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 23, 1900	9. AGE (In years last birthday) 52	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY Seafaring		11. BIRTHPLACE (State or foreign country) Tennessee	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Albert Wyrick		
14. MOTHER'S MAIDEN NAME Alice Wyrick			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) --		
16. SOCIAL SECURITY NO. --			17. INFORMANT ADDRESS Records, USPHS Hospital, Balto. 11, Md.		
1B. 527.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anoxemia (A) DUE TO Emphysema, interstitial, due to infection ANTECEDENT CAUSES (B) DUE TO (C) DUE TO			INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-24- 1952 to 11-25- 1952 , that I last saw the deceased alive on 11-25 1952 , and that death occurred at 8:15 A. m., from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter, Sr. Surg., Clinical Dir. M.D.		23B. ADDRESS USPHS Hospital, Balto 11, Md.		23C. DATE SIGNED 11-25-52	
24A. BURIAL, CREATION, REMOVAL (Specify) Burial		24B. DATE 11-28-52		24C. NAME OF CEMETERY OR CREMATORY Harriman	
24D. LOCATION (City, town, or county) (State) Harriman Tenn		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 2083	
DATE RECEIVED BY LOCAL REGISTRAR NOV 25 1952					

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

F-460
52 10731BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10731

Registered No. _____

BIRTH NO.

MLB.163309

1. NAME OF DECEASED
(Type or Print)

Joseph Fuller

2. DATE
OF
DEATH 11-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

Baltimore City Hospitals

4940 Eastern Ave

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1749 Lamont Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 24, 1886

9. AGE (In years
last birthday)

65

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Fuller (d)

14. MOTHER'S MAIDEN NAME

Mary Stokes (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY17. INFORMANT
ADDRESS
Records, Baltimore City Hospitals
4940 Eastern Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Myocardial Infarction

15min.

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20-, 1952, to 11-21-, 1952, that I last saw the
deceased alive on 11-21-, 1952, and that death occurred at 3:00 P.M. on the causes and on the date stated above.

23A. SIGNATURE

4. J. J. J.

23B. ADDRESS

M. D.

4940 Eastern Ave Balto, Md

23C. DATE SIGNED

11-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25. FUNERAL DIRECTOR
ADDRESSDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 25 1952

Huntington Williams, M.D.

Flynn + Fleming, 426 High St.

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

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THE UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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52 10732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10732

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAUDE

AGNES

MILLER

2. DATE
OF
DEATH

November 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION
Maryland General HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

210 W. Monument Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9-11-1888

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Rock Hall Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas B. Willson

14. MOTHER'S MAIDEN NAME

Henrietta

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E974X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxiation

DUE TO Ligature Suspension (Hanging)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

room

21C. WHERE DID (If in Baltimore City, give exact location)

210 W. Monument Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

11/23/52 9:00 A.M.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

hanged self by rope

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. W. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER.....☐ 11/24/52
M.D. MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

NOV:26-1952

24C. NAME OF CEMETERY OR CREMATORY

St. Johns Cemetery

24D. LOCATION (City, town, or county)

Rock Hall Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

F.B. WIPPERT & SON 1300 Eutaw Pl. 17

ADDRESS

April. - North - Land west.

52 10733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 10733

BIRTH NO.

52-28138

1. NAME OF DECEASED
(Type or Print)

Baby Boy Masters

2. DATE
OF
DEATH

Nov. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

5842 Bellonna Ave.,

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5842 Bellonna Ave.,

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Infant

8. DATE OF BIRTH

11-12-52

9. AGE (In years
last birthday)

-

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

-

-

10

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Roland Haines

14. MOTHER'S MAIDEN NAME

Madge Masters

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Madge Masters, Mother

18.

762.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) asphyxia neonatorum

DUE TO

37 mints

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Unborn and 1 mnt

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12, 1954 to 11-12, 1954, that I last saw the
deceased alive on 19, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Daniel Miller

M. D.

23B. ADDRESS

4510 Hartford Rd

23C. DATE SIGNED

11/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/13/52

24C. NAME OF CEMETERY OR CREMATORY

Glenview Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 26 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Race	
4. Date of Birth		5. Date of Death		6. Place of Birth	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Informant		12. Signature of Coroner	
13. Signature of Medical Examiner		14. Signature of Pathologist		15. Signature of Forensic Scientist	
16. Signature of Toxicologist		17. Signature of Anthropologist		18. Signature of Archaeologist	
19. Signature of Linguist		20. Signature of Historian		21. Signature of Sociologist	
22. Signature of Anthropologist		23. Signature of Archaeologist		24. Signature of Forensic Scientist	
25. Signature of Toxicologist		26. Signature of Pathologist		27. Signature of Medical Examiner	
28. Signature of Registrar		29. Signature of Informant		30. Signature of Coroner	
31. Signature of Physician		32. Signature of Nurse		33. Signature of Hospital Administrator	
34. Signature of Medical Director		35. Signature of Chief of Staff		36. Signature of Chief of Surgery	
37. Signature of Chief of Medicine		38. Signature of Chief of Pediatrics		39. Signature of Chief of Obstetrics and Gynecology	
40. Signature of Chief of Radiology		41. Signature of Chief of Laboratory		42. Signature of Chief of Pharmacy	
43. Signature of Chief of Nutrition		44. Signature of Chief of Physical Therapy		45. Signature of Chief of Occupational Therapy	
46. Signature of Chief of Speech Therapy		47. Signature of Chief of Social Work		48. Signature of Chief of Case Management	
49. Signature of Chief of Health Services Administration		50. Signature of Chief of Public Health		51. Signature of Chief of Epidemiology	
52. Signature of Chief of Biostatistics		53. Signature of Chief of Health Services Research		54. Signature of Chief of Health Services Evaluation	
55. Signature of Chief of Health Services Improvement		56. Signature of Chief of Health Services Quality Improvement		57. Signature of Chief of Health Services Patient Safety	
58. Signature of Chief of Health Services Risk Management		59. Signature of Chief of Health Services Compliance		60. Signature of Chief of Health Services Legal Affairs	
61. Signature of Chief of Health Services Information Systems		62. Signature of Chief of Health Services Finance		63. Signature of Chief of Health Services Human Resources	
64. Signature of Chief of Health Services Facilities Management		65. Signature of Chief of Health Services Environmental Health		66. Signature of Chief of Health Services Occupational Safety and Health	
67. Signature of Chief of Health Services Emergency Management		68. Signature of Chief of Health Services Disaster Preparedness		69. Signature of Chief of Health Services Disaster Response	
70. Signature of Chief of Health Services Disaster Recovery		71. Signature of Chief of Health Services Disaster Mitigation		72. Signature of Chief of Health Services Disaster Prevention	
73. Signature of Chief of Health Services Disaster Preparedness		74. Signature of Chief of Health Services Disaster Response		75. Signature of Chief of Health Services Disaster Recovery	
76. Signature of Chief of Health Services Disaster Mitigation		77. Signature of Chief of Health Services Disaster Prevention		78. Signature of Chief of Health Services Disaster Preparedness	
79. Signature of Chief of Health Services Disaster Response		80. Signature of Chief of Health Services Disaster Recovery		81. Signature of Chief of Health Services Disaster Mitigation	
82. Signature of Chief of Health Services Disaster Prevention		83. Signature of Chief of Health Services Disaster Preparedness		84. Signature of Chief of Health Services Disaster Response	
85. Signature of Chief of Health Services Disaster Recovery		86. Signature of Chief of Health Services Disaster Mitigation		87. Signature of Chief of Health Services Disaster Prevention	
88. Signature of Chief of Health Services Disaster Preparedness		89. Signature of Chief of Health Services Disaster Response		90. Signature of Chief of Health Services Disaster Recovery	
91. Signature of Chief of Health Services Disaster Mitigation		92. Signature of Chief of Health Services Disaster Prevention		93. Signature of Chief of Health Services Disaster Preparedness	
94. Signature of Chief of Health Services Disaster Response		95. Signature of Chief of Health Services Disaster Recovery		96. Signature of Chief of Health Services Disaster Mitigation	
97. Signature of Chief of Health Services Disaster Prevention		98. Signature of Chief of Health Services Disaster Preparedness		99. Signature of Chief of Health Services Disaster Response	
100. Signature of Chief of Health Services Disaster Recovery		101. Signature of Chief of Health Services Disaster Mitigation		102. Signature of Chief of Health Services Disaster Prevention	

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

562
52 10734

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10734

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) IRVING TAMRES		2. DATE OF DEATH 11/25/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION Seirai		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18			
D. STREET ADDRESS (If rural, give location) 3733 Beechler Ave		E. Length of stay in Baltimore 45 Yrs. 45 Mos. 45 Days			
5. SEX M	6. COLOR OF RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH	9. AGE (In years last birthday) 50	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cutter		10B. KIND OF BUSINESS OR INDUSTRY clothing		11. BIRTHPLACE (State or foreign country) Poland	
13. FATHER'S NAME Charles		14. MOTHER'S MAIDEN NAME Sara Lee			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Sara Tamres - Same	
18. 443x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro Vascular Accident		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		(A) Cerebro Vascular Accident			
ANTECEDENT CAUSES		(B) Hypertensive Cardiovascular D.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Arteriosclerosis & Chronic Glomerulo Nephritis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/21 , 19 52 to 11/25 , 19 52 that I last saw the deceased alive on 11/25 , 19 52 and that death occurred at 1:10 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE J. Williams S. Parker		23B. ADDRESS SINAI HOSPITAL		23C. DATE SIGNED 11/25/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-26-52		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	
24D. LOCATION (City, town, or county) (State) Balto, Md		25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Canton Pl	
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 2100 Canton Pl	

VS 150

698460726

STANDARD FORM NO. 64

U.S. GOVERNMENT PRINTING OFFICE

G-426
med Exam Case Released to Undertaker
 52 10735

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. *52 10735*

CERTIFICATE CORRECTED 11-28-52

1. NAME OF DECEASED (Type or Print) *Harvey Slater*

2. DATE OF DEATH *Nov 26, 1952*

3. PLACE OF DEATH:
 A. Baltimore City, Maryland *Johns Hopkins Hosp.*

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
 A. STATE *md.*
 B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
 HOSPITAL OR INSTRUCTION *JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 2-02

7. STREET ADDRESS (If rural, give location)
1807 E. Baltimore St.

8. Length of stay in Baltimore
 Yrs. Mos. Days

9. SEX *male*

10. COLOR OR RACE *White*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

12. DATE OF BIRTH

13. AGE (In years last birthday) *77 76*

14. If Under 1 Year Months Days

15. If Under 24 Hours Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country)

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME

21. MOTHER'S MAIDEN NAME

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

23. SOCIAL SECURITY NO.

24. INFORMANT *JOHNS HOPKINS HOSPITAL* ADDRESS

25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
 (A) *Coronary thrombosis*
 DUE TO

26. ANTECEDENT CAUSES
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
 (B) *generalized arterio-sclerosis*
 DUE TO

27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

28. DATE OF OPERATION

29. MAJOR FINDINGS OF OPERATION

30. AUTOPSY?
 YES ☐ NO ☐

31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

32. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

34. TIME (Month) (Day) (Year) (Hour) OF INJURY

35. INJURY OCCURRED
 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

36. HOW DID INJURY OCCUR?

37. I hereby certify that I attended the deceased from *11/26, 1952* to *11/26, 1952* that I last saw the deceased alive on *11/26, 1952* and that death occurred at *5.00 A.M.* from the causes and on the date stated above.

38. SIGNATURE *John A. C. ...*

39. ADDRESS *JOHNS HOPKINS HOSPITAL*

40. DATE SIGNED *11/26/52*

41. M. D. *1804 E. Baltimore Place*

42. BURIAL, CREMATION, REMOVAL (Specify)
Burial

43. DATE *11/27/52*

44. NAME OF CEMETERY OR CREMATORY *Herring Run*

45. LOCATION (City, town, or county) (State)
Balt. Md.

46. DATE RECEIVED BY LOCAL REGISTRAR
NOV 26 1952

47. REGISTRAR'S SIGNATURE
Huntington Williams M.D.

48. FUNERAL DIRECTOR
Jack Lewis Inc. 2100 E. Baltimore Place

49. ADDRESS

50. VS 150

51. To be Appointed

Facit Cohen
1804 Entwistle Pl

NOT A MEDICAL EXAMINER'S CASE
William H. Smith M.D.
CHIEF OR ASST. MEDICAL EXAMINER

G-435
52 10736
CERTIFICATE CORRECTED 11-27-52

BALTIMORE CITY HEALTH DEPARTMENT

52 10736

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alexander R. Golden

2. DATE
OF
DEATH

Nov. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Dept.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Own Farm

11. BIRTHPLACE (State or foreign country)

Charles County, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Wilson Golden

14. MOTHER'S MAIDEN NAME

Eugenia Rennoe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 157X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of pancreas

?3-6 mo.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11-13-1952 to 11-25-1952, that I last saw the
deceased alive on 11-25, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 26 1952

Huntington Williams, M.D.

F. H. & Byron Talbot, Md.

VS 150

1952 60010728

15-1033

15-1033

15-1033

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Immediate Cause

Underlying Cause

Contributing Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully specified. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10737

Registered No.

52 10737

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(LHAINCOTT)
MR. WILSON L. HAINES

2. DATE
OF
DEATH

NOVEMBER 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

4. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Towson

D. STREET ADDRESS (If rural, give location)

6303 PINEHURST ROAD 5955

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MARCH 4 1886

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sec. & Treas.

10B. KIND OF BUSINESS OR INDUSTRY

Terminal Warehouse

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

FRANK L. HAINES

14. MOTHER'S MAIDEN NAME

ISABELLE BUCK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or on knowno) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

NAOMI H. HAINES (WIFE)

SAME

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

myocardial infarction
coronary artery occlusion

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 11-5, 1952, to 11-25, 1952, that I last saw the deceased alive on 11-25, 1952, and that death occurred at 10:52 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. D. Vincent M.D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

11-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/28/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Sickerer & Sons

52 10738

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10738
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD C. SHAW, Sr.

2. DATE
OF
DEATH

Nov. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4618 White Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4618 White Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 7, 1880

9. AGE (In years
last birthday)

72

10. Under 1 Year 11. Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman & Bookkeeper

10B. KIND OF BUSINESS OR
INDUSTRY

Wholesale Produce

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Shaw

14. MOTHER'S MAIDEN NAME

Amelia (unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Howard C. Shaw, Jr.-4618 White Ave.

18. 421.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Gastric Occlusion

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Valvular Heart Disease

2 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1952, to Nov 24, 1952, that I last saw the
deceased alive on Nov 24, 1952, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. L. Fisher M. D.

23B. ADDRESS

3422 Belair Rd.

23C. DATE SIGNED

11/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/28/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. J. Fisher & Sons

Baltimore, Md.

NOV 26 1952

VS 150

11520 49063

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10739

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Codd Cook

2. DATE
OF
DEATH

Nov. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Bldg 2

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

27-11

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 18

D. STREET ADDRESS (If rural, give location)

4307 N. Charles St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

Female

White

Married

7-6-1900

52

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

President

10B. KIND OF BUSINESS OR
INDUSTRY

Realtors

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William J. Codd

14. MOTHER'S MAIDEN NAME

Elizabeth Cleary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

197X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

SPINDLE CELL
SARCOMAINTERVAL BETWEEN
ONSET AND DEATH

8 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4-52 to 11-25-52, that I last saw the
deceased alive on 11-25-52, and that death occurred at 11:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Carlton L. Suster

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/28/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balt., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balt., Md.

VS 150

25 29074

CD 1000

DEPARTMENT OF HEALTH

OFFICE OF DEATH

NO. 1

1911

1911

1911

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1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10740

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise Patton

2. DATE
OF
DEATH

Nov 25 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Providence Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-15

D. STREET ADDRESS (If rural, give location)

1923 Kelly Ave.

c. Length of stay in Baltimore

15

Yrs.
Moor-
Days

5. SEX

Fe

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

?

9. AGE (In years last birthday)

61 yrs

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Brownsville Tenn.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Henry Allen

14. MOTHER'S MAIDEN NAME

Susan Peoples

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Robert Allen 1923 Kelly Ave

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

11-23-52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis & Essential Hypertension

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 11-23-1952 to 11-25-1952, that I last saw the deceased alive on 11-25-1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert L. Bayless

M. D.

23B. ADDRESS

222 N. Fulton Ave

23C. DATE SIGNED

11/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 28-52

Belt National

Balto

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 26 1952

Huntington Williams, M.D.

James A. Stayer, 638 N. Fulton St

OSCE 52

STATE OF NEW YORK
DEPARTMENT OF HEALTH

OSCE 52



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10741

Registered No.

52 10741

BIRTH NO.

31-05537

1. NAME OF DECEASED
(Type or Print)

Rosemary Peterkin

2. DATE
OF
DEATH

11-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto. 16-03

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

1103 N. Mount St

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Mch. 19, 1951

9. AGE (In years
last birthday)

1

10. Under 1 Year
Months: Days

8

4

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Peterkin

14. MOTHER'S MAIDEN NAME

Roberta Floyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

James Peterkin

ADDRESS

1103 N. Mount St

18.

130.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐

23A. SIGNATURE

William J. Lloyd

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

11-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 26-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county) (State)

a. a. Co. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James A. Hayes, 638 N. 9th St

V S 151

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H 25

52 10742

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10742

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FELIX POULSAN

2. DATE
OF
DEATH

11/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

15-01

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

800 W. Lexington St.

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE (MARRIED)

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug. 23, 1902

9. AGE (in years
last birthday)

50

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Writer

10B. KIND OF BUSINESS OR
INDUSTRY

Park Plaza Restaurant

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edmund B. Poulsen

14. MOTHER'S MAIDEN NAME

Lena Poulsen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

217-05-3604

17. INFORMANT

ADDRESS

Mamie Poulsen 800 W. Lexington St.

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Previous CVA

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11/22/52, 19__, to 11/22/52, 19__, that I last saw the
deceased alive on 11/22/52, 19__ and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Waldberger

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

11/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/28/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington S. Phillips 1808 N. Mount St.

NOV 26 1952

VS 150

784 6M

0734

SECRET

SECRET

STANDARD FORM NO. 64

[Faint, mostly illegible text covering the main body of the document, possibly a memorandum or report. The text is too light to transcribe accurately.]

0000

F-620
52 10743BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10743
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 754.6

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17-52 to 11-25-52, that I last saw the
deceased alive on 11-25-52, and that death occurred at 3:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

1900 EUTAW PLACE

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100-100000

RECEIVED BY THE DIRECTOR
OF THE BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

100-100000

REPORT OF AGENT

TO THE DIRECTOR
OF THE BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
FROM THE
SAC, NEW YORK
SUBJECT: [illegible]
RE: [illegible]

1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]
5. [illegible]
6. [illegible]
7. [illegible]
8. [illegible]
9. [illegible]
10. [illegible]

11. [illegible]
12. [illegible]
13. [illegible]
14. [illegible]
15. [illegible]
16. [illegible]
17. [illegible]
18. [illegible]
19. [illegible]
20. [illegible]

21. [illegible]
22. [illegible]
23. [illegible]
24. [illegible]
25. [illegible]
26. [illegible]
27. [illegible]
28. [illegible]
29. [illegible]
30. [illegible]

31. [illegible]
32. [illegible]
33. [illegible]
34. [illegible]
35. [illegible]
36. [illegible]
37. [illegible]
38. [illegible]
39. [illegible]
40. [illegible]

41. [illegible]
42. [illegible]
43. [illegible]
44. [illegible]
45. [illegible]
46. [illegible]
47. [illegible]
48. [illegible]
49. [illegible]
50. [illegible]

51. [illegible]
52. [illegible]
53. [illegible]
54. [illegible]
55. [illegible]
56. [illegible]
57. [illegible]
58. [illegible]
59. [illegible]
60. [illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10744

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Angelo De Santis (or) Disanto

2. DATE
OF
DEATH

Nov. 25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

2001 N. Rose St.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 8-01

7. STREET ADDRESS (If rural, give location)

2001 N. Rose St.

8. Length of stay in Baltimore

50 yrs.

9. SEX

Male

10. COLOR OR RACE

White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

12. DATE OF BIRTH

Aug 15 1873

13. AGE (in years last birthday)

79

14. Under 1 Year

15. Under 24 Hours

Months Days Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

17. KIND OF BUSINESS OR INDUSTRY

Balto. Trans.

18. BIRTHPLACE (State or foreign country)

Italy

19. CITIZEN OF WHAT COUNTRY?

U.S.A.

20. FATHER'S NAME

Vincent

De Santis

21. MOTHER'S MAIDEN NAME

Eleanora

?

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

23. (If yes, give war or dates of service)

24. SOCIAL SECURITY NO.

213-05-9394

25. INFORMANT

Rose De Santis 2001 N. Rose St.

26. ADDRESS

27. 331X

CAUSE OF DEATH

28. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

29. INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

30. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

31. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

32. 19A. DATE OF OPERATION

33. 19B. MAJOR FINDINGS OF OPERATION

34. 20. AUTOPSY?

YES ☐ NO ☒

35. 21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

36. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

37. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

38. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

39. 21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

40. 21F. HOW DID INJURY OCCUR?

41. 22. I hereby certify that I attended the deceased from 11/24, 1952, to 11/25, 1952, that I last saw the deceased alive on 11/24, 1952, and that death occurred at 1:30 AM from the causes and on the date stated above.

42. 23A. SIGNATURE

Isabel Janbery

M. D.

43. 23B. ADDRESS

441 S. Elmwood Ave

44. 23C. DATE SIGNED

11/25/52

45. 24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

46. 24B. DATE

Nov. 28-52

47. 24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

48. 24D. LOCATION (City, town, or county)

E. North Ave Balto.

49. DATE RECEIVED BY LOCAL REGISTRAR

50. REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

51. FUNERAL DIRECTOR

Dippel Bros 1800 E. Lombard St

52. ADDRESS

100-100000

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

100-100000

100-100000

52 10745

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10745
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NORMAN F. DEAN

2. DATE
OF
DEATH

November 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

BALTO

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1623 Dartford Road

C. Length of stay in Baltimore

7 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 5 - 1908

9. AGE (In years
last birthday)

44

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lead burner

10B. KIND OF BUSINESS OR
INDUSTRY

Matheson Chemical

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Solomon Dean

(M)

14. MOTHER'S MARDEN NAME

Samatha Newton as above

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Virginia Dean

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Brown

M.O.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

Nov. 25, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 26 1952

Huntington Williams, M.D.

John J. Connelly

418 Eastern Ave

VS 151

5944R

Essex St.

25 10715

RECEIVED AND FORWARDED
TO THE DIRECTOR OF THE
BUREAU OF THE CENSUS

25 10715



PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

653
52 10746

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10746

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>Stephen Thornton</i>			2. DATE OF DEATH <i>Nov. 23, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Bldg 2</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write full name of township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Years</i>			D. STREET ADDRESS (If rural, give location) <i>1411 Mc Culloch St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SP</i>	8. DATE OF BIRTH <i>9-2-10</i>	9. AGE (In years last birthday) <i>42</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>unknown</i>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>Stephen Thornton</i>			14. MOTHER'S MAIDEN NAME <i>Burrell</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS ✓		
18. <i>416x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Cerebral Embolus</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cardiac failure</i> <i>Rheumatic Heart Disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs.</i> <i>6 yrs.</i> <i>27 yrs.</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>11-23-52</i>		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-21-52</i> to <i>11-23-52</i> , that I last saw the deceased alive on <i>11-23-52</i> , 19 <i>52</i> , and that death occurred at <i>5:00</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Frederick W. Smith</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11-24-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>11/27/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lee Hall, Va.</i>	
24D. LOCATION (City, town, or county) (State) <i>Virginia</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 26 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>W. Halstead - 918 - Grand Ave.</i>	
VS 150					

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
John Doe		45		Male		White		1912		New York	
CAUSE OF DEATH		DISEASE		SYMPTOMS		TREATMENT		PREVIOUS ILLNESS		POST-MORTEM	
Heart Disease		Myocardial Infarction		Chest Pain, Shortness of Breath		Medicine, Rest		None		None	
DATE OF BIRTH		PLACE OF BIRTH		EDUCATION		OCCUPATION		MARRIAGE		SIGNED	
1867		New York		High School		Teacher		Married		[Signature]	
DATE OF INTERVIEW		INTERVIEWED BY		WITNESSES		CERTIFICATE NO.		FILE NO.		REMARKS	
1912		[Signature]		[Signatures]		12345		67890		[Remarks]	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 10747

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Daniel Dobbin*2. DATE
OF
DEATH*Nov. 24, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-02

D. STREET ADDRESS (If rural, give location)

*1826 N. Appleton St.*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*1826 N. Appleton St.*

C. Length of stay in Baltimore

27 years

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

*Male**Colored**Single**Dec. 19, 1924**27*

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR

INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF

WHAT COUNTRY?

*None**None**Baltimore Co. Md.**U.S.A.*

13. FATHER'S NAME

Charles D. Dobbin

14. MOTHER'S MAIDEN NAME

*Rosalie Thomas*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. FORMER ADDRESS

*No.**None**1826 N. Appleton St.*18. *421.0*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Myocardial Infufficiency**2 yrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Paraplegia**24 yrs.*

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-19* *1952* to *11-24-* *1952* that I last saw the
deceased alive on *11-24-* *1952* and that death occurred at *4:30* *pm.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

George C. Page

M. D.

*1816 N. Mount St.**11-26-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial**Nov. 28, 1952**St. Charles**Pikesville, Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*NOV 26 1952**Huntington Williams, M.D.**Walter Funeral Home*
1631 David Hill Ave.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10748
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Ms. Dee, Minnie*2. DATE
OF
DEATH*11/14/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2325 Calverton Hts. Ave

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 9, 1887

9. AGE (In years last birthday)

65

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Miss.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Cornelius Hayes

14. MOTHER'S MAIDEN NAME

Emma Ferrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Annie Smooth 2325 Calverton Hts. Ave*18. *214X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Pulmonary Infection*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO(C)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/12/52

19B. MAJOR FINDINGS OF OPERATION

Uterine fibroids

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-6, 1952* to *11-14, 1952*, that I last saw the deceased alive on *11-14, 1952* and that death occurred at *8:30* p.m., from the causes and on the date stated above.

23A. SIGNATURE

L.W. Egan Jr. MD

M.O.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

11/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

buried

24B. DATE

11/26/1952

24C. NAME OF CEMETERY OR CREMATORY

W.F. Anderson Cem. Balto

24D. LOCATION (City, town, or county)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schenck St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10749
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Giles

2. DATE
OF
DEATH

November 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

920 N. Mount St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

920 N. Mount St.

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Feb - 1897

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Self Employed

10B. KIND OF BUSINESS OR
INDUSTRY

Trucking

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Willis Gillis

14. MOTHER'S MAIDEN NAME

Florence Montague

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Mary Giles 920 N. Mount St.

ADDRESS

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK WORK22. I hereby certify that I attended the deceased from Nov 20, 1952, to Nov 25, 1952, that I last saw the
deceased alive on Nov 25, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Shorofsky M.D.

M. D.

23B. ADDRESS

601 W. Monroe St.

23C. DATE SIGNED

11/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk. Inc.

24D. LOCATION (City, town, or county)

Arbutus Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. G. Kelson 1303 Presstman St.

ADDRESS

1941

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of burial place		18. Signature of burial place		19. Signature of burial place		20. Signature of burial place	
21. Signature of burial place		22. Signature of burial place		23. Signature of burial place		24. Signature of burial place	
25. Signature of burial place		26. Signature of burial place		27. Signature of burial place		28. Signature of burial place	
29. Signature of burial place		30. Signature of burial place		31. Signature of burial place		32. Signature of burial place	
33. Signature of burial place		34. Signature of burial place		35. Signature of burial place		36. Signature of burial place	
37. Signature of burial place		38. Signature of burial place		39. Signature of burial place		40. Signature of burial place	
41. Signature of burial place		42. Signature of burial place		43. Signature of burial place		44. Signature of burial place	
45. Signature of burial place		46. Signature of burial place		47. Signature of burial place		48. Signature of burial place	
49. Signature of burial place		50. Signature of burial place		51. Signature of burial place		52. Signature of burial place	
53. Signature of burial place		54. Signature of burial place		55. Signature of burial place		56. Signature of burial place	
57. Signature of burial place		58. Signature of burial place		59. Signature of burial place		60. Signature of burial place	
61. Signature of burial place		62. Signature of burial place		63. Signature of burial place		64. Signature of burial place	
65. Signature of burial place		66. Signature of burial place		67. Signature of burial place		68. Signature of burial place	
69. Signature of burial place		70. Signature of burial place		71. Signature of burial place		72. Signature of burial place	
73. Signature of burial place		74. Signature of burial place		75. Signature of burial place		76. Signature of burial place	
77. Signature of burial place		78. Signature of burial place		79. Signature of burial place		80. Signature of burial place	
81. Signature of burial place		82. Signature of burial place		83. Signature of burial place		84. Signature of burial place	
85. Signature of burial place		86. Signature of burial place		87. Signature of burial place		88. Signature of burial place	
89. Signature of burial place		90. Signature of burial place		91. Signature of burial place		92. Signature of burial place	
93. Signature of burial place		94. Signature of burial place		95. Signature of burial place		96. Signature of burial place	
97. Signature of burial place		98. Signature of burial place		99. Signature of burial place		100. Signature of burial place	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10750

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BILLIE R. FERREIRA

2. DATE
OF
DEATH

11-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

MD. GEN. HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MD.

BALTO.

C. CITY OR TOWN

(If outside corporate limits, write FULL and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

100 E. 27TH ST. #A

c. Length of stay in Baltimore

5

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

MAY, 1928

9. AGE (In years
last birthday)

24

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

W. VA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

LONNIE TANNER

14. MOTHER'S MAIDEN NAME

HAZEL Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

BISCHOFF FERREIRA

SAME

18. 340.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Septicemia

DUE TO

meningo encephalitis

ANTECEDENT CAUSES

(B) meningitis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24, 1952, to 11-25, 1952, that I last saw the
deceased alive on 11-25, 1952 and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Eugene L. Liu

23B. ADDRESS

Md. General Hosp.

23C. DATE SIGNED

Nov. 25 '52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

11/26/52

24C. NAME OF CEMETERY OR CREMATORY

Bluefield

24D. LOCATION (City, town, or county)

Bluefield, West Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul St.

VS 150

10750

02507 50

02507 50



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10751****620.**
52 10751

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Walter Charles Crouse			2. DATE OF DEATH Nov. 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore 20		
c. Length of stay in Baltimore 20 yrs.			D. STREET ADDRESS (If rural, give location) 1231 SixtySecond St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 27, 1895		9. AGE (In years last birthday) 57 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10B. KIND OF BUSINESS OR INDUSTRY Beth. Steel Corp.	11. BIRTHPLACE (State or foreign country) Maryland, U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Shoyand			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 705-10-9437	17. INFORMANT ADDRESS Chart at Doctors Hospital		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 hour		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 11/25/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-25-52 , 19__, to 11/25/52 , 19__, that I last saw the deceased alive on 11/22/52 , 19__, and that death occurred at 4 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE W. J. Fuller		23B. ADDRESS Ridge Road, Baltimore 6, Md.		23C. DATE SIGNED 11-25-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/28/52		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore County, Maryland					
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street	

VS 150

195 690 3U 0743

100-1-100

CERTIFICATE OF DEATH

100-1-100

100-1-100

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100-1-100

100-1-100

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 10752**

420
52 10752

1. NAME OF DECEASED (Type or Print) JOHN GALEK		2. DATE OF DEATH November 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 624 Thames St B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 1624 Thames Street	
c. Length of stay in Baltimore	Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10B. KIND OF BUSINESS OR INDUSTRY Genl.	11. BIRTHPLACE (State or foreign country) Poland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Golek		14. MOTHER'S MAIDEN NAME Unk	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Arteriosclerotic cardiovascular disease DUE TO (A) (B) (C)	INTERVAL BETWEEN ONSET AND DEATH
---	--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William W. ...		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 25, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 27/52		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	
24D. LOCATION (City, town, or county) Baltimore		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Fred W. Oroszewski		24H. ADDRESS 97099 1930 Eastern Ave		24I. ADDRESS	

25001 32

25001 32



MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PENCIL. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

med Exam Case Released to Undertaker

52 10753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 10753

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	
Frank Krajina	
2. DATE OF DEATH	
Nov. 23, 1952	
3. PLACE OF DEATH:	
A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION	
JOHNS HOPKINS HOSPITAL	
C. Length of stay in Baltimore	
Yrs. Mos. Days	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
A. STATE	
md.	
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Baltimore	
D. STREET ADDRESS (If rural, give location)	
421 N. Curley St.	
5. SEX	
male	
6. COLOR OR RACE	
White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Widowed	
8. DATE OF BIRTH	
Aug. 12, 1875	
9. AGE (In years last birthday)	
77	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Ret. Supt. Col.	
10B. KIND OF BUSINESS OR INDUSTRY	
Insurance	
11. BIRTHPLACE (State or foreign country)	
Germany	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	
Wladyslaw Krajina	
14. MOTHER'S MAIDEN NAME	
Alexandra Patalik	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.	
17. INFORMANT	
ADDRESS	
JOHNS HOPKINS HOSPITAL	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
(A) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(B) DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 23, 1952 to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 3:10 p. m., from the causes and on the date stated above.	
23A. SIGNATURE	
Charles E. MacMinn	
M. D.	
23B. ADDRESS	
JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)	
Burial	
24B. DATE	
Nov. 26/52	
24C. NAME OF CEMETERY OR CREMATORY	
Holy Rosary	
24D. LOCATION (City, town, or county) (State)	
Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR	
NOV 26 1952	
REGISTRAR'S SIGNATURE	
Huntington Williams, M.D.	
25. FUNERAL DIRECTOR	
Fred W. Ozazewski	
ADDRESS	
1936 Eastern Ave	
VS 150	
To be approved	

NOT A MEDICAL EXAMINER'S CASE

William J. Smith M.D.
CHIEF OR ASST. MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10754

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORIAN LESZCZYNSKI

2. DATE
OF
DEATH

Nov. 25-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. Md.*

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

623 S. Bethel St

C. CITY OR TOWN

Balto. City

D. STREET ADDRESS (If rural, give location)

623-S. Bethel St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDDED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

*April 4-1893*9. AGE (in years;
last birthday)*59*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

*Poland*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

L

14. MOTHER'S MAIDEN NAME

*L*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.*216-07-6173*

17. INFORMANT

ADDRESS

*Florian Lane 629 Rapolla St*18. *241X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

*(A) Myocardial Insufficiency**1 day*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

*(B) Chronic Myocarditis**3 yrs.*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

*(C) Bronchial Asthma**3 yrs.**Hypertension**3 yrs.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 10, 1952* to *Nov. 20, 1952* that I last saw the
deceased alive on *Nov. 20, 1952* and that death occurred at *Nov. 20, 1952* m., from the causes and on the date stated above.

23. SIGNATURE

John K. Sagerbricker

M. D.

23B. ADDRESS

1802 Eastern Ave

23C. DATE SIGNED

*11-25-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

Nov. 29-1952

24C. NAME OF CEMETERY OR CREMATORY

Louisa Pk.

24D. LOCATION (City, town, or county)

Balto City

(State)

*Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

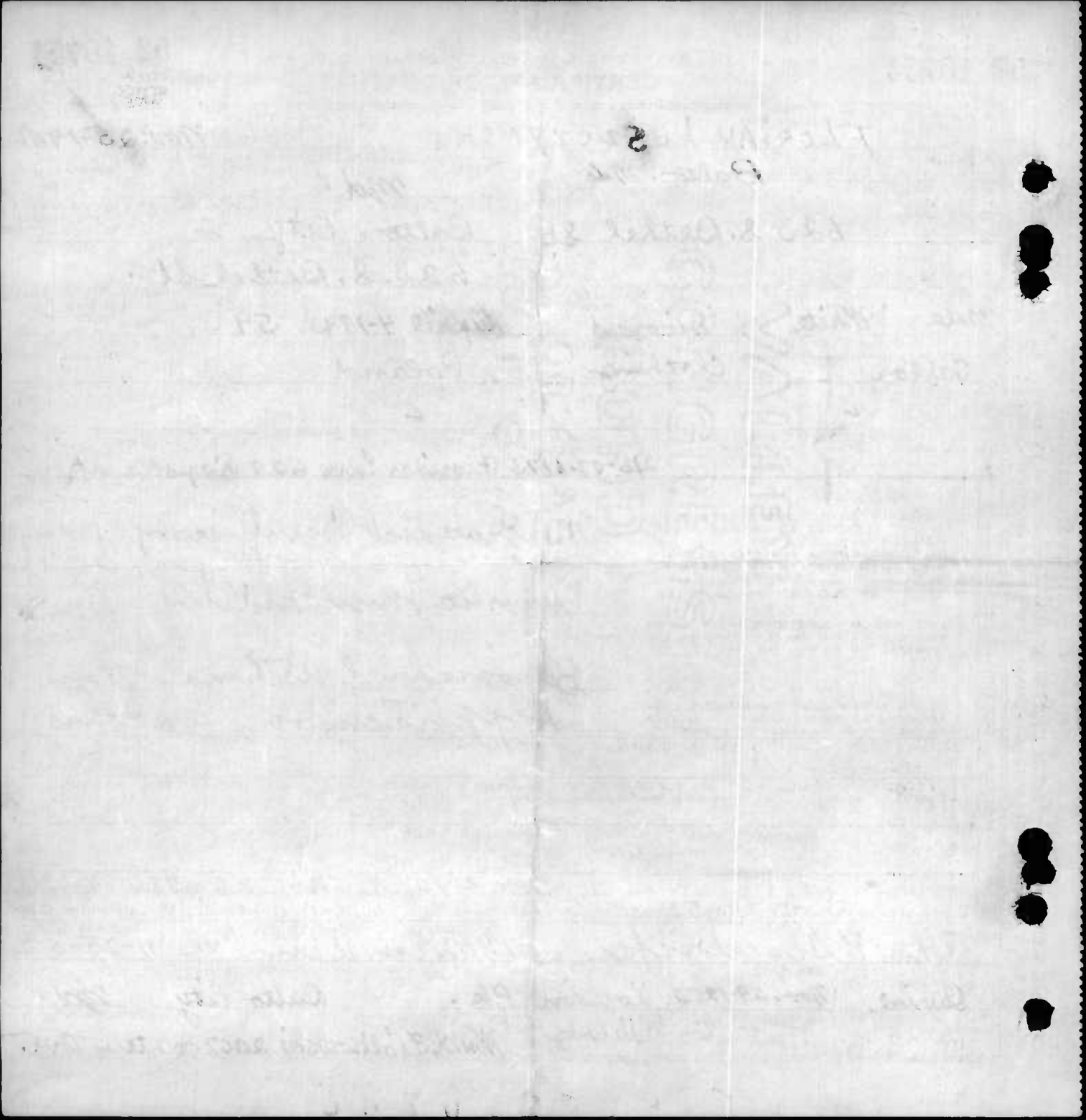
25. FUNERAL DIRECTOR

ADDRESS

Wm. S. Fialkowski 2007 Eastern Ave.

VS 150

1052159046740



MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be written clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10755

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 10755

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard Joseph Spencer

2. DATE
OF
DEATH

Nov 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

USPHS Hospital
Baltimore 11, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4012 Clifton Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 2, 1893

9. AGE (In years last birthday)

59

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lighthousekeeper

10B. KIND OF BUSINESS OR INDUSTRY

Government

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Nicholas P. Spencer

14. MOTHER'S MAIDEN NAME

Annie E. Buckley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

Unknown

16. SOCIAL SECURITY NO.
217-07-4679

17. INFORMANT

ADDRESS

Records, USPHS Hospital, Balto., Md.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerosis, generalized, marked

Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes mellitus

20 years

DUE TO

(C) Cirrhosis of liver

Unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-25-1952 to 11-24-1952 that I last saw the deceased alive on 11-24-1952 and that death occurred at 11:10 P.M. from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter, Sr. Sure., Clinical Dir., M. D.

23B. ADDRESS

USPHS Hospital, Balto. 11, Md. 11-24-52

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-28-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

E. Howard Strong 3207 W. North Ave.,

NOV 26 1952

VS 150

Huntington Williams, M.D.

152069096747

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

Decedent's Name _____

Date of Death _____

Place of Death _____

Age at Death _____

Sex _____

Marital Status _____

Occupation _____

Usual Residence _____

Place of Birth _____

Education _____

Religion _____

Cause of Death _____

Manner of Death _____

Immediate Cause _____

Underlying Cause _____

Contributing Cause _____

Medical History _____

History of Present Illness _____

Examination _____

Disposition _____

Signature of Physician _____

Signature of Medical Examiner _____

Signature of Coroner _____

Signature of Registrar _____

Signature of _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10756**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Katherine Sigwald**

2. DATE

OF

DEATH **Nov. 25, 52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**2809 Riggs Ave.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

2809 Riggs Ave.

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**W**

8. DATE OF BIRTH

19. AGE (in years
last birthday)**About 90**If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR
INDUSTRY**Home**

11. BIRTHPLACE (State or foreign country)

Ireland12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

Dominic Welby

14. MOTHER'S MAIDEN NAME

Mary Dunn15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No****No**16. SOCIAL
SECURITY NO.**No**

17. INFORMANT

ADDRESS

Robert M. Sigwald 8608 Broad Brook Rd

18.

450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchopneumonia

DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Atherosclerosis

DUE TO

? years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**None**

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 15**, 19**47**, to **11/25**, 19**52**, that I last saw the
deceased alive on **11/25**, 19**52** and that death occurred at **9:15 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Len Ashman

M. D.

23B. ADDRESS

1201 Pyral Drive St

23C. DATE SIGNED

11/25/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

11/28/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore**Md.**DATE RECEIVED BY
LOCAL REGISTRAR**NOV 26 1952**

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John T. Stansbury 2700 Edmondson Ave.

VS 150

520010748

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

42 1975

CERTIFICATE OF DEATH

42 1975

DATE OF DEATH

PLACE OF DEATH

DECEASED

DECEASED

AGE

SEX

EDUCATION

RELIGION

ETHNICITY

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 10757**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

John L. Hildwein

2. DATE OF DEATH

NW. 25/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2029 Orleans St.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Baltimore

E. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

2029 Orleans St.

c. Length of stay in Baltimore

Life

 Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

Married

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug 13/1880

9. AGE (In years last birthday)

72

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

laborer

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Hildwein

14. MOTHER'S MAIDEN NAME

Bertha Mueller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

220-12-8002

17. INFORMANT

Mary Hildwein

ADDRESS

2029 Orleans St.

 18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

arterio-sclerosis

INTERVAL BETWEEN ONSET AND DEATH

11/25/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

cardio-vascular - Renal

DUE TO

arterio-sclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

 WHILE AT WORK ☐

 NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Nov 25, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Lois F. Krumreim

23B. ADDRESS

722 N. Kenwood Ave

23C. DATE SIGNED

11/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/28/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Philip Herwig Sons

ADDRESS

2029 Orleans St.
NOV 26 1952

VS 150

82099740

FD 1003

CERTIFICATE OF DEATH

1003

CERTIFICATE OF DEATH

1003



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10758**BIRTH NO. **52 10758**

1. NAME OF DECEASED (Type or Print) WASELY SAVCHUK		2. DATE OF DEATH 11-24-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-05	
D. STREET ADDRESS (If rural, give location) 6701 Fair Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Nov-5-1887
9. AGE (In years last birthday) 65		10. ENDORSEMENT (If under 1 year, give months; if under 24 hours, give hours; if under 24 hours, give minutes) 19	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Helper		10B. KIND OF BUSINESS OR INDUSTRY Beth. Steel	
11. BIRTHPLACE (State or foreign country) Russian		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Savchuk		14. MOTHER'S MAIDEN NAME Not know	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Anthony N. Savchuk		ADDRESS 6701 Fair Ave	

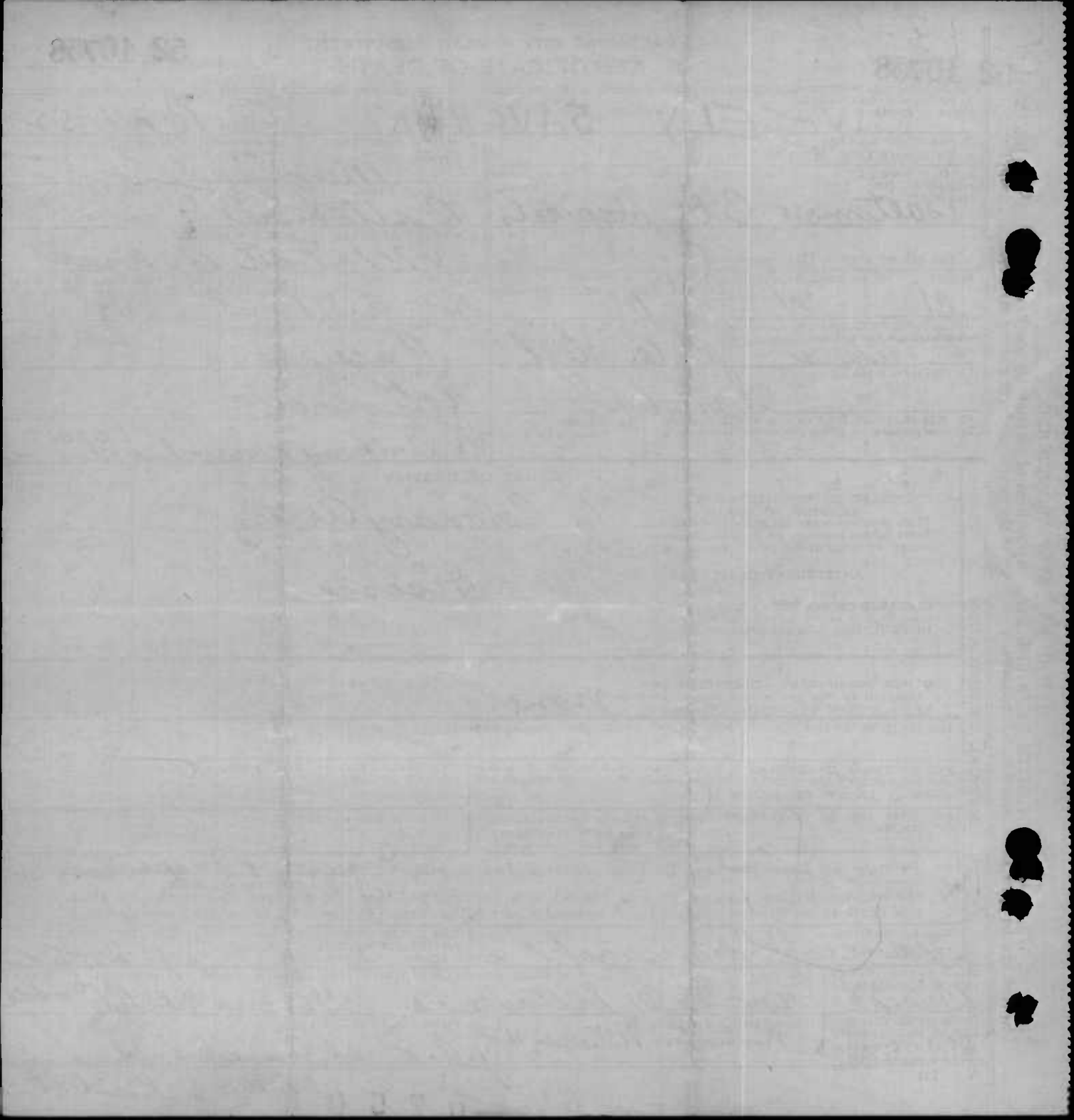
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Artery Disease	CAUSE OF DEATH (A) Coronary Artery Disease DUE TO (B) Disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none		

19A. DATE OF OPERATION 11-28-52	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held or disposed of, and that the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>		
23. SIGNATURE Francis J. Januszeski M.D.		
23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		
23C. DATE SIGNED 11-24-52		

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 28-52	24C. NAME OF CEMETERY OR CREMATORY St Andrew's	24D. LOCATION (City, town, or county) (State) German Hill Rd. Dundalk
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. A. Greblianchuk Jr.	ADDRESS 1905 E. Pratt St.

VS 151

252 87834 750



M-252

52 10759

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10759

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert B. Mee Kins

2. DATE
OF
DEATH

11-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Lutheran Hosp. Tal

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balt

25-04

D. STREET ADDRESS (If rural, give location)

3725 Brooklyn Ave

c. Length of stay in Baltimore

62 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 12, 1878

9. AGE (In years
last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work describing most of working life, even if retired)

Retired Marine Engineer in Eng

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Samuel J. Meekins

14. MOTHER'S MAIDEN NAME

Dunkerton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Grace A. Meekins 3725 Brooklyn Ave

18. E 978 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of Pelvis, Compression

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Fracture 3rd Lumbar Vertebra

(C) Retroperitoneal Hemorrhage

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardiovascular Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Windsor Rest Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

3025 Windsor Avenue

21D. TIME (Month) (Day) (Year) (Hour)

Nov. 24, 1952 4:00 P. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Jumped from second floor window

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐

23A. SIGNATURE

William V. [Signature]

M.D.

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
MEDICAL INVESTIGATOR

23C. DATE SIGNED

11-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Olivet

24D. LOCATION (City, town, or county) (State)

Balt

Md

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

A. Howard Evans 1400 SB-harbor

ADDRESS

VS 151

N-808.2 240055 0751

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

8-10-1938

8-10-1938



52 10760

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10760

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES F. BROWN

2. DATE
OF
DEATH

November 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

23-03

D. STREET ADDRESS (If rural, give location)

41 E. Barney Street

C. Length of stay in Baltimore

2 mos.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Feb 1896.

9. AGE (In years
last birthday)

56.

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Day laborer.

10B. KIND OF BUSINESS OR
INDUSTRY

General.

11. BIRTHPLACE (State or foreign country)

Frederick C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Samuel Brown.

14. MOTHER'S MAIDEN NAME

Clara V. Buck.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes.

(If yes, give war or dates of service)

1st world war.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Richard J. Marshall 41 E. Barney St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

XXXXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial infarct

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....

Nov. 26, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 28, 1952

24C. NAME OF CEMETERY OR CREMATORY

U.S. National Cemetery.

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 27 1952

Huntington Williams, M.D.

J. Howard Edens 1400 18 hals W

1934

STATE OF NEW YORK
OFFICE OF THE COMMISSIONER OF HEALTH

1934



52 10761

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10761

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERNADETTE POIRIER

2. DATE
OF
DEATH

November 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Canada

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

332 S. Monroe Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Montreal

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 1, 1881

9. AGE (In years
last birthday)

69

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Phlise Berube

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Boucher, 332 S. Monroe Street

18.

151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1 1952 to 11/25, 1952, that I last saw the
deceased alive on 11/25, 1952, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Wilkins MD

M. D.

23B. ADDRESS

2030 W Wilkins Ave

23C. DATE SIGNED

11/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/28/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

NOV 27 1952

VS 150

STATE OF TEXAS
COUNTY OF DALLAS

CERTIFICATE OF DEATH

STATE OF TEXAS
COUNTY OF DALLAS
I, the undersigned, a duly qualified and licensed physician, do hereby certify that on the _____ day of _____, 19____, at _____, Texas, I attended _____, who died at the age of _____ years, of _____, and that the death was caused by _____.

7742 8080

G-650

52 10762

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10762

Registered No.

BIRTH NO. 52-28131

1. NAME OF DECEASED
(Type or Print)

BABY BOY GREEN

2. DATE
OF
DEATH

NOV. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Hospital for Women of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 12-

D. STREET ADDRESS (If rural, give location)

1019 Overbrook Road

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

NOV. 19, 1952

9. AGE (In years last birthday)

3

If Under 1 Year Months: Days

23 43

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Arthur Lee Green

14. MOTHER'S MAIDEN NAME

Miriam Gradella Withers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMATURITY

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PREMATURE ONSET OF LABOR

DUE TO

II

(C) UNKNOWN

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 19, 1952 to NOV. 23, 1952 that I last saw the deceased alive on NOV. 23, 1952 and that death occurred at 7:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert R. Loeck

23B. ADDRESS

M.D. 11-23-52

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL NOV 25 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

NOV 27 1952

VS 150

19520010762

MARGIN RESERVED FOR BINDING

IN CASE WRITTEN BY, WITH UNFADING INK. Every item of information should be clearly and legibly written. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Name of deceased		Date of birth	
Sex		Race	
Place of birth		Date of death	
Cause of death		Place of death	
Occupation		Manner of death	
Signature of physician		Signature of registrar	
Date of registration		Place of registration	



PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 10763**
52 10763

BIRTH NO. **52-27226**

1. NAME OF DECEASED (Type or Print) Baby boy Strange		2. DATE OF DEATH 11/12/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 28-3	
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4514 Donnell Rd. BOWEN RD	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11/12/52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 10 H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
13. FATHER'S NAME Robert T. Strange		14. MOTHER'S MAIDEN NAME Ruby Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT Mother ADDRESS	
16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY?	

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity - cord around neck		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
(B) DUE TO					
(C) DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., home or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/12, 1952 to 11/12, 1952 , that I last saw the deceased alive on 11/12, 1952 and that death occurred at 8:52 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE George C. Alderman M.D.		23B. ADDRESS University Hosp		23C. DATE SIGNED 11/19/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county) (State)		24E. LOCATION (City, town, or county) (State)		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Huntington Williams, M.D. ADDRESS	

UNIVERSITY MEDICAL SCHOOL NOV 21 1952

19520010755

1901

CERTIFICATE OF DEATH

1901



MARGIN RESERVED FOR BINDING

EASE WHEN APPLIED. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10764

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10764

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN E. HOFFMAN

2. DATE
OF
DEATH

NOV 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1336 W 41st St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1336 W 41st St.

13-08

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

male

white

married

Dec 29 1889

62

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Glaster

10B. KIND OF BUSINESS OR INDUSTRY

P. F. Coleman

11. BIRTHPLACE (State or foreign country)

Hattysburg, Pa.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

John E. Hoffman

Const.

14. MOTHER'S MAIDEN NAME

Sarah Florence

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

1st W. W.

Anna Hoffman - 1336 W 41st St.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cong. Heart Failure

See wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive C. v. Renal Dis.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1951, to Nov. 25, 1952 that I last saw the deceased alive on Nov. 23, 1952 and that death occurred at 74 m., from the causes and on the date stated above.

23A. SIGNATURE

Edward L. Hoffman

M. D.

23B. ADDRESS

407 Falls Rd.

23C. DATE SIGNED

11/25/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 27 1952

Huntington Williams, M. D. Austin E. Donovan - 3818 Roland Ave

VS 150

573 24 10756

CERTIFICATE OF DEATH

STATE OF TEXAS

075

CERTIFICATE CORRECTED 12-8-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 10765

52 10765

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DOROTHY

DORA A. JETT.

2. DATE
OF
DEATH

NOV 25 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)704 W. 33rd ST.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

13-06

D. STREET ADDRESS (If rural, give location)

704 W. 33rd ST.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

FEMALE

WHITE

SINGLE

SEPT 22 1857

95

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

VIRGINIA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

WM W. JETT.

14. MOTHER'S MAIDEN NAME

SARAH J. DONOVAN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

HARRY M. RUBY - 704 W 33rd ST.

18.

422.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac Embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Myocardial Degeneration

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

immediate

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov-10, 1952 to Nov 25, 1952, that I last saw the
deceased alive on Nov 24, 1952 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John W. Clift

M. D.

23B. ADDRESS

100 N. Milton Ave

23C. DATE SIGNED

11-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov 28/52

St. Mary's Hampden 3900 Roland Ave.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

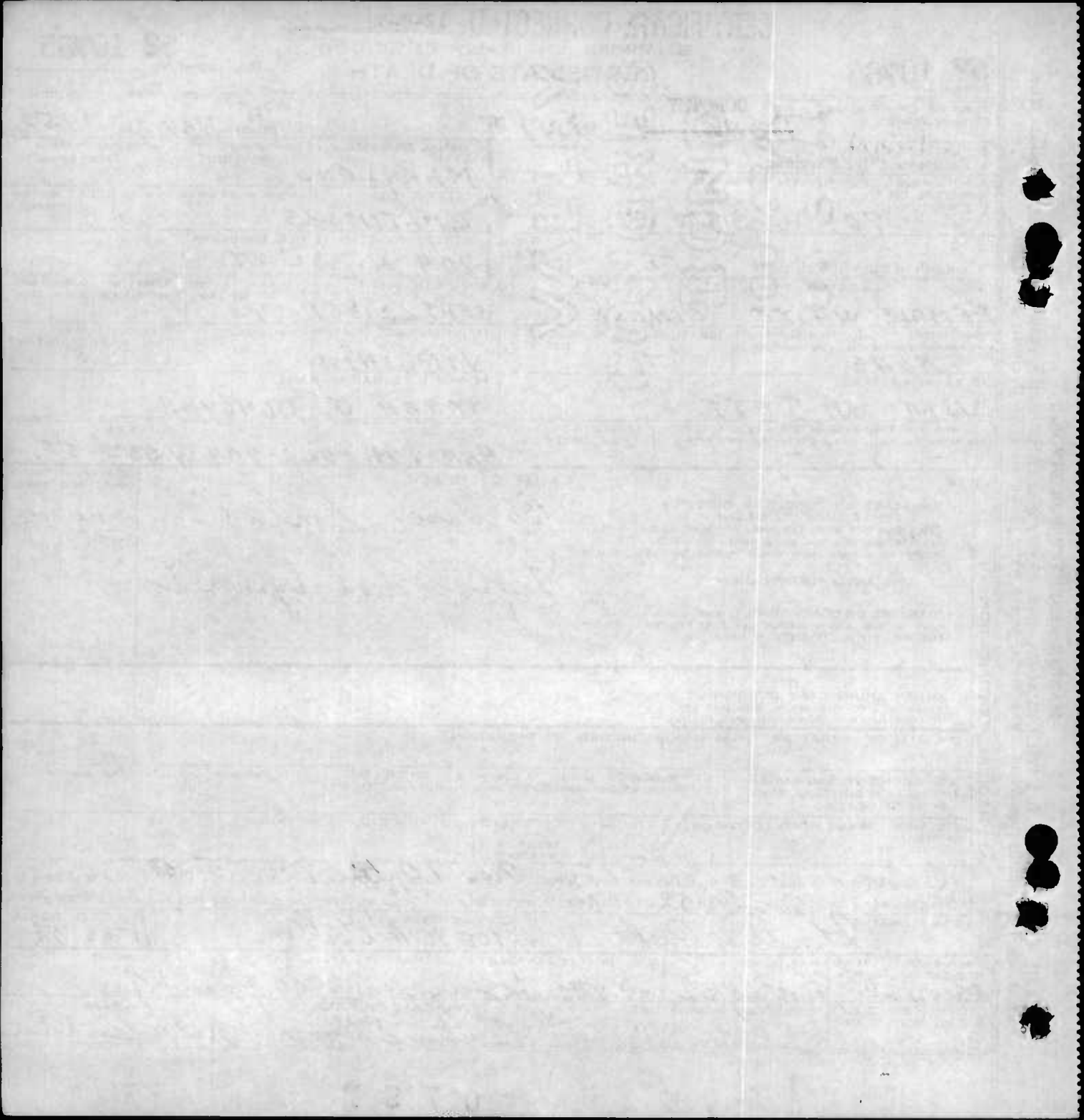
ADDRESS

NOV 27 1952

Huntington Williams, Jr. 3818 Roland Ave

VS 150

19520010757



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10766

Registered No.

52 10766

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Sylvester Hare.*2. DATE
OF
DEATH*Nov 24 1952*

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore*b. FULL NAME OF
HOSPITAL OR
INSTITUTION*841 Wellington St.*

D. STREET ADDRESS (If rural, give location)

841 Wellington St.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 21 1855

9. AGE (in years last birthday)

97

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Carpenter

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Wm. Hare.

14. MOTHER'S MAIDEN NAME

*Ella H. Hare.*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Ella H. Hare - 841 Wellington St.*18. *442X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cardio-Renal-Vascular Disease 24rs

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 12*, 1951, to *Nov 24*, 1952, that I last saw the deceased alive on *Nov 24*, 1952, and that death occurred at *2:45* m., from the causes and on the date stated above.

23a. SIGNATURE

J N Wilson

23b. ADDRESS

617 W. 40th St

23c. DATE SIGNED

11-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

*Burial**Nov 28/52**Middletown**Balto Co, Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*NOV 27 1952**Huntington Williams**Austin E. Donovan - 3818 Roland Ave.*

UNIT 1

THE HISTORY OF THE UNITED STATES
FROM 1776 TO 1876



P-536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10767

Registered No.

52 10767

1. NAME OF DECEASED (Type or Print) WAYNE L. RAINWATER			2. DATE OF DEATH November 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Virginia B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Norfolk		
c. Length of stay in Baltimore 3 Days			D. STREET ADDRESS (If rural, give location) 1104 Tunstall Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH About 1902	9. AGE (In years last birthday) About 50	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Marine		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) South Carolina		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 180-12-8677	17. INFORMANT Mrs. Filina B. Rainwater Norfolk Va.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>William C. Boyd</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	23C. DATE SIGNED Nov. 26, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/29/52	24C. NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery	24D. LOCATION (City, town, or county) (State) Norfolk Va.
DATE RECEIVED BY LOCAL REGISTRAR NOV 27 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Geo. L. Beyer</i> 1512 Hollins St.	
V S 151 67355 Baltimore 23 Md.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1000

1000



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10769
Registered No.52 10769
BIRTH NO.

1. NAME OF DECEASED (Type or Print) KATHERINE W. LANG		2. DATE OF DEATH November 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3415 Leverton Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-08	
C. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3415 Leverton Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-7-25
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE (In years last birthday) Months Days 27
13. FATHER'S NAME John Arnyx		11. BIRTHPLACE (State or foreign country) Knoxville Tenn.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Nettie ?	
16. SOCIAL SECURITY NO.		17. INFORMANT Edw. A. Lang - 3705 Mt. Pleasant Ave	

18. **E981X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Gunshot wounds of left chest and
~~XXXX~~ right arm**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
3415 Leverton Avenue 26-08

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Nov. 24, 1952 11:00 P.M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Shot with shotgun

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 26, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**11-30-52****Knoxville****Knoxville Tennessee**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 27 1952**Huntington Williams, M.D. & John - 4038 Wolf St**

VS 151

N 862.4**52 10769**

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

82001 38

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

12 10 200



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 10768**

52 10768

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		PETER THEODORE LANG		November 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3415 Leverton Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-08			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3415 Leverton Avenue			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-9-21	9. AGE (in years last birthday) 31	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shawler
11. BIRTHPLACE (State or foreign country) Baltimore -		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Andrew W. Lang	
14. MOTHER'S MAIDEN NAME Anna M. Baumann		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Edw. B. Lang - 3745 Mt Pleasant Ave		18. E976X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Gunshot wound of head DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION		23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
24. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3415 Leverton Avenue	
27. TIME (Month) (Day) (Year) (Hour) Nov. 24, 1952 11:00 P.m.		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		29. HOW DID INJURY OCCUR? Shot self in head with shotgun	
30. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
31. SIGNATURE Willie W. [Signature]		32. CHIEF MEDICAL EXAMINER M.D. [Signature]		33. DATE SIGNED Nov. 26, 1952	
34. BURIAL, CREMATION, REMOVAL (Specify) Burial		35. DATE 11-28-52		36. NAME OF CEMETERY OR CREMATORY Balto. National	
37. LOCATION (City, town, or county) Balto. Md.		38. DATE RECEIVED BY LOCAL REGISTRAR NOV 27 1952		39. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
40. FUNERAL DIRECTOR Lilly + Zeiler		41. ADDRESS 403 S. Wolfe St.		42. V S 151 N 803.4 6 F 3 5 G	

8-11-52

8-11-52



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10770**

52 10770
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Edward Schneider</i>			2. DATE OF DEATH <i>11/25/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i> Sinai Hospital, Baltimore</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-01</i>		
c. Length of stay in Baltimore <i>42</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>3900 Parkside Dr</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>8/31/08</i>	9. AGE (In years last birthday) <i>44</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Office Manager - Lumber</i>			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Max Schneider</i>			14. MOTHER'S MAIDEN NAME <i>Anna Arnold</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Lillian Schneider - same</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Myocardial Infarction</i> DUE TO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Coronary Occlusion</i> DUE TO (C) <i>H.C.V.D.</i>

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>11-25-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *11-25, 1952* to *11-25, 1952*, that I last saw the deceased alive on *11-25, 1952* and that death occurred at *8:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Paul J. ...</i>	23B. ADDRESS <i>Sinai Hospital</i>	23C. DATE SIGNED <i>11-26-52</i>
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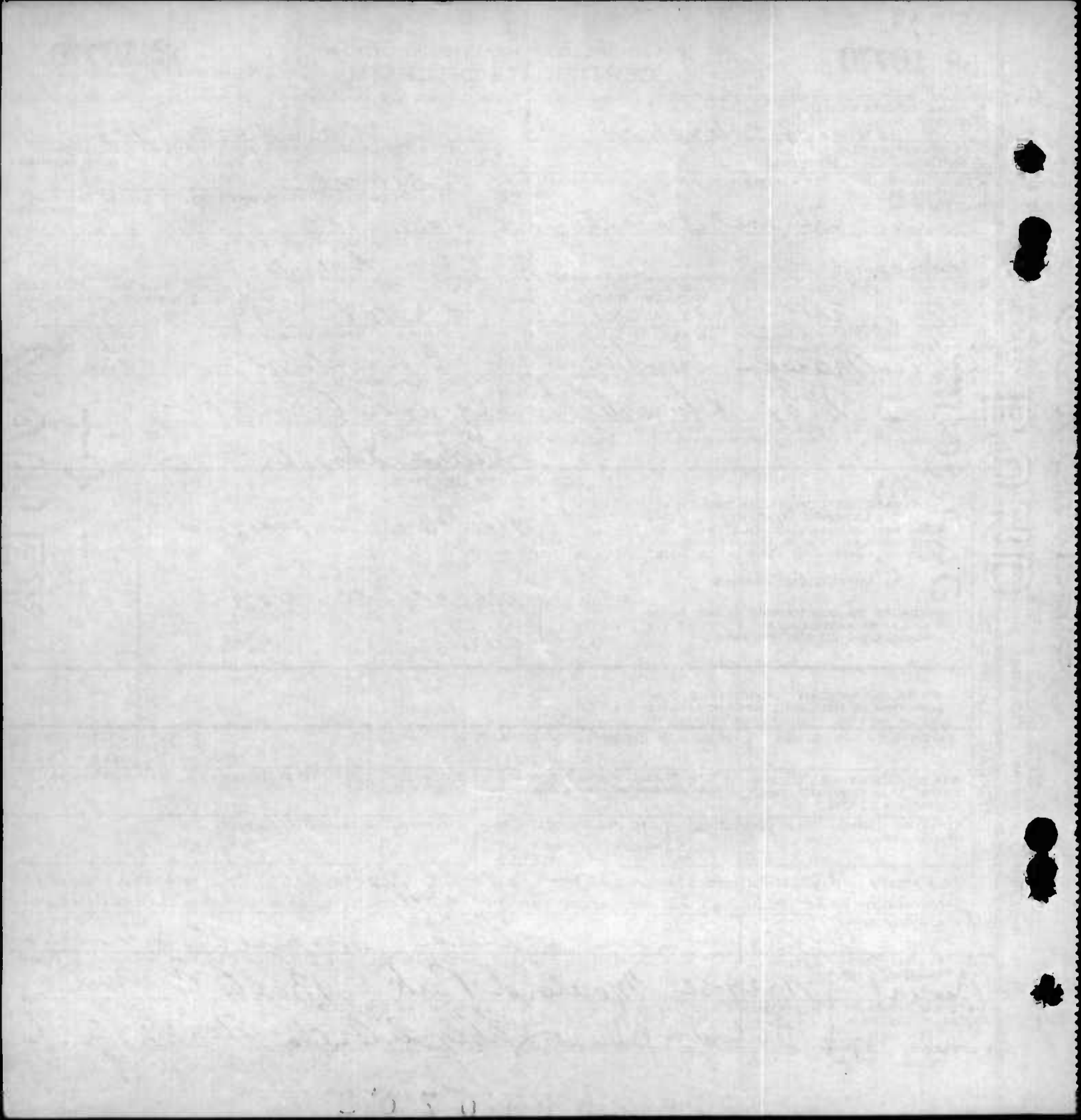
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-29-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Park</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Co. Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 27 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Wally Gilman</i>	ADDRESS <i>463 S. W. ...</i>

VS 150

29068762

MARGIN RESERVED FOR BINDING

PLEASE WRITE CAREFULLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and correctly.



W-625
52 10771BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10771
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS Lucille WORKMAN

2. DATE
OF
DEATH

11-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore (Howard)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 26, 1889

9. AGE (In years last birthday)

63

10. Under 1 Year 11. Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Chicago

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Thomas Hayes

14. MOTHER'S MAIDEN NAME

Hays Anna M. Cub

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

John J. Workman, Ellicott City, Md.

18. 420.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebro vascular

DUE TO accident

(B) Hypertensive arterio

DUE TO sclerotic heart disease

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-25, 1952 to 11-26, 1952, that I last saw the deceased alive on 11-26, 1952, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

L. Felipe Gonzales

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Emblem Cemetery

24D. LOCATION (City, town, or county)

Elmhurst, Du Page Co., Ill.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Easton Sons, Ellicott City, Md.

ADDRESS

VS 150

52 10771

NO 1000

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

NO 1000

11

D-600
52 10772BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52-10772
52 10772
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>DOROTHY DARRAH</i>		2. DATE OF DEATH <i>11-27-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO. (RURAL) 2505</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1514 LOCUST ST. # 26</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>12-15-26</i>	9. AGE (In years last birthday) <i>26</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		11. BIRTHPLACE (State or foreign country) <i>W. VA.</i>	
13. FATHER'S NAME <i>Charles W. Baskin</i>		14. MOTHER'S MAIDEN NAME <i>Mildred Lerene Eagle</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
		17. INFORMANT <i>Hospital records</i> ADDRESS <i>Lutheran Hospital, Baltimore Md.</i>			
18. <i>581.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) bleeding varicosis of the esophagus</i> DUE TO <i>(B) Laennec's liver cirrhosis</i> DUE TO <i>(C) bilateral acute Pneumonitis</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>1 1/2 years</i> <i>2 days</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-25-52</i> , 19__, to <i>11-27-52</i> , 19__, that I last saw the deceased alive on <i>11-27-52</i> , 19__, and that death occurred at <i>12:30</i> Am., from the causes and on the date stated above.					
23A. SIGNATURE <i>Rudolph M. Zander M.D.</i>		23B. ADDRESS <i>Lutheran Hospital</i>		23C. DATE SIGNED <i>11/27/1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Dec. 1, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Martinsburg, W. Va.</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		24F. ADDRESS <i>F. J. Ruehl - 5305 Horford Rd Balto 14 Md.</i>	
DATE RECEIVED BY REGISTRAR'S SIGNATURE <i>NOV 28 1952</i>		25. FUNERAL DIRECTOR ADDRESS			

1950

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10773**

BIRTH NO. **654**

1. NAME OF DECEASED
(Type or Print)

William Campbell Arnold, II

2. DATE OF DEATH **Nov. 26, 1952**

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **none**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5 York Court

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5 York Court

c. Length of stay in Baltimore

22 Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

July 18, 1892

9. AGE (In years last birthday)

60

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR INDUSTRY

retired

11. BIRTHPLACE (State or foreign country)

New York City

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Bridgewater Meredith Arnold

14. MOTHER'S MAIDEN NAME

Margaret Hunter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Bridgewater M. Arnold 5 York Court

18.

493X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Pneumonia-bilateral, pleurisy-mitral insufficiency.**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

9/12/52
11/26/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9/12/1952**, to **11/26/1952**, that I last saw the deceased alive on **11/25/1952**, and that death occurred at **1 A.** m., from the causes and on the date stated above.

23A. SIGNATURE

Harry D. McPart

23B. ADDRESS

37 W. Preston St.

23C. DATE SIGNED

11 - 27 - 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11 - 28 - 52

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Orange, N. J.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

ADDRESS

W B Mitchell

VS 150

0558U

PLEASE WRITE IN INK. Every item of information should be clearly and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED
SEX
AGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PERMANENT RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

M.F.

R

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10774

BIRTH NO. 52 10774

1. NAME OF DECEASED
(Type or Print)

Donald Wayne Chisolm

2. DATE
OF
DEATH

Nov. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, with BURIAL, give township)

Baltimore

c. Length of stay in Baltimore

3 - Yrs.
1 - Mos.
Days

D. STREET ADDRESS (If rural, give location)

1022 E. Lombard

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Mar. 29, 1951

9. AGE (In years last birthday)

1

10. Under 1 Year

11. Under 24 Hours

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

Georgia

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Zachariah Taylor Chisolm

14. MOTHER'S MAIDEN NAME

Dorothy Lee Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

ZACHARIAH CHISOLM 1022 E. LOMBARD ST.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Acute Brouchopneumonia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute pharyngitis & otitis media

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 23, 1952, to Nov. 26, 1952, that I last saw the deceased alive on Nov. 26, 1952, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

C. E. Stennett

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11/29/52

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county)

GLEN BURNIE, MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

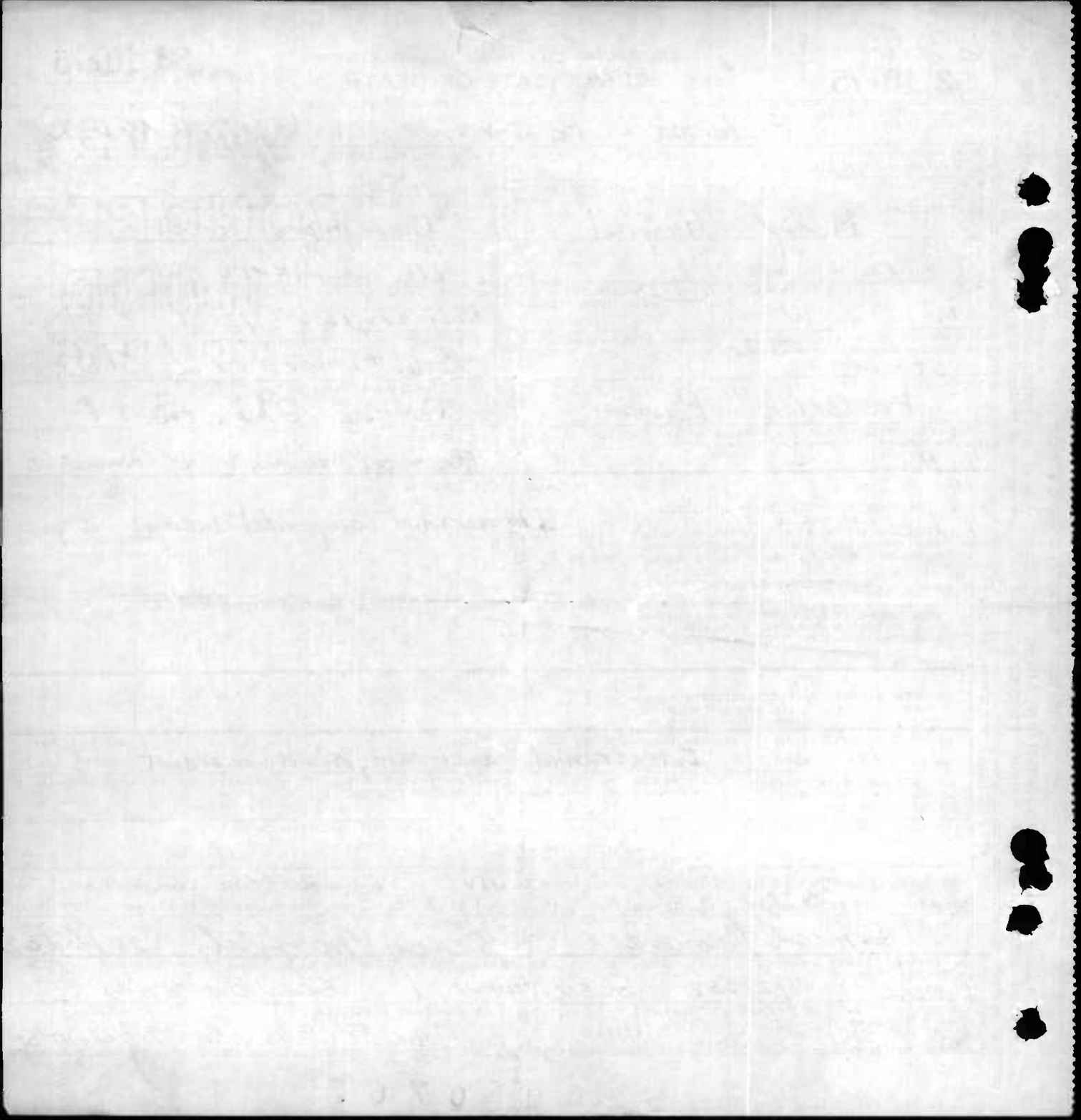
JOHN F. DENNY, INC. 715 LIGHT ST

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10775

P-625
52 10775
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Frederick L. Parsons, Jr			2. DATE OF DEATH 25 Nov 52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2504		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 411 Cambria St		
5. SEX M	6. COLOR OR RACE W	7. (SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 16, 1936		9. AGE (In years last birthday) 16
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Frederick Parsons			14. MOTHER'S MAIDEN NAME Teresa Greenstreet		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS FREDERICK L. PARSONS, SR. 411 CAMBRIA ST.		
18. 330X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Intracranial congenital aneurysm			INTERVAL BETWEEN ONSET AND DEATH 16 yrs		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) DUE TO (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 22 Nov 52		19B. MAJOR FINDINGS OF OPERATION Intracranial aneurysm, rt. ant. cerebral art.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1952 to 25 Nov, 1952 that I last saw the deceased alive on 25 Nov, 1952 and that death occurred at 7 45 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE James S Browne		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 25 Nov 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11/28/52		24C. NAME OF CEMETERY OR CREMATORY GLEN HAVEN	
24D. LOCATION (City, town, or county) (State) GLEN BURNIE, MD		25. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC 715 LIGHT ST			
DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



M-624
52 10776BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10776

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
ERWIN MERKLE			November 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Hospital			A. STATE Maryland B. COUNTY Anne Arundel		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riviera Beach			D. STREET ADDRESS (If rural, give location) Roland and Park Roads		
c. Length of stay in Baltimore			Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/1/1909	9. AGE (In years last birthday) 43	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith			10B. KIND OF BUSINESS OR INDUSTRY Gas & Elec. Co.		
11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Frederick Merkle			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ---			16. SOCIAL SECURITY NO. 130-12-7633		
17. INFORMANT Hilda M. Merkle			ADDRESS Riviera Beach		

18. 401X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Rheumatic heart disease XXXXX (B) Aortic stenosis XXXXX (C) Vegetative endocarditis	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William Updegraff</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	23C. DATE SIGNED Nov. 26, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/29/52	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.
24D. LOCATION (City, town, or county) E. End North Ave.		(State)

DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1952	REGISTRAR'S SIGNATURE <i>William Updegraff</i>	25. FUNERAL DIRECTOR John F. Denny, Inc.	ADDRESS 715 Light St.
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V S 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE CAREFULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8-11-57

8-11-57



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10777
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PETERSKY, JOSEPH

2. DATE
OF
DEATH

11-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1231 HOLLINS ST.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
214-24-4269

17. INFORMANT

Dena Petersky - Same

ADDRESS

18.

434.1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) CONGESTIVE HEART FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 27 NOV 1952, 19__, to 27 NOV 1952, 19__, that I last saw the
deceased alive on 27 NOV 1952, 19__ and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry M. Walsh M.D.

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

11-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-28-52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

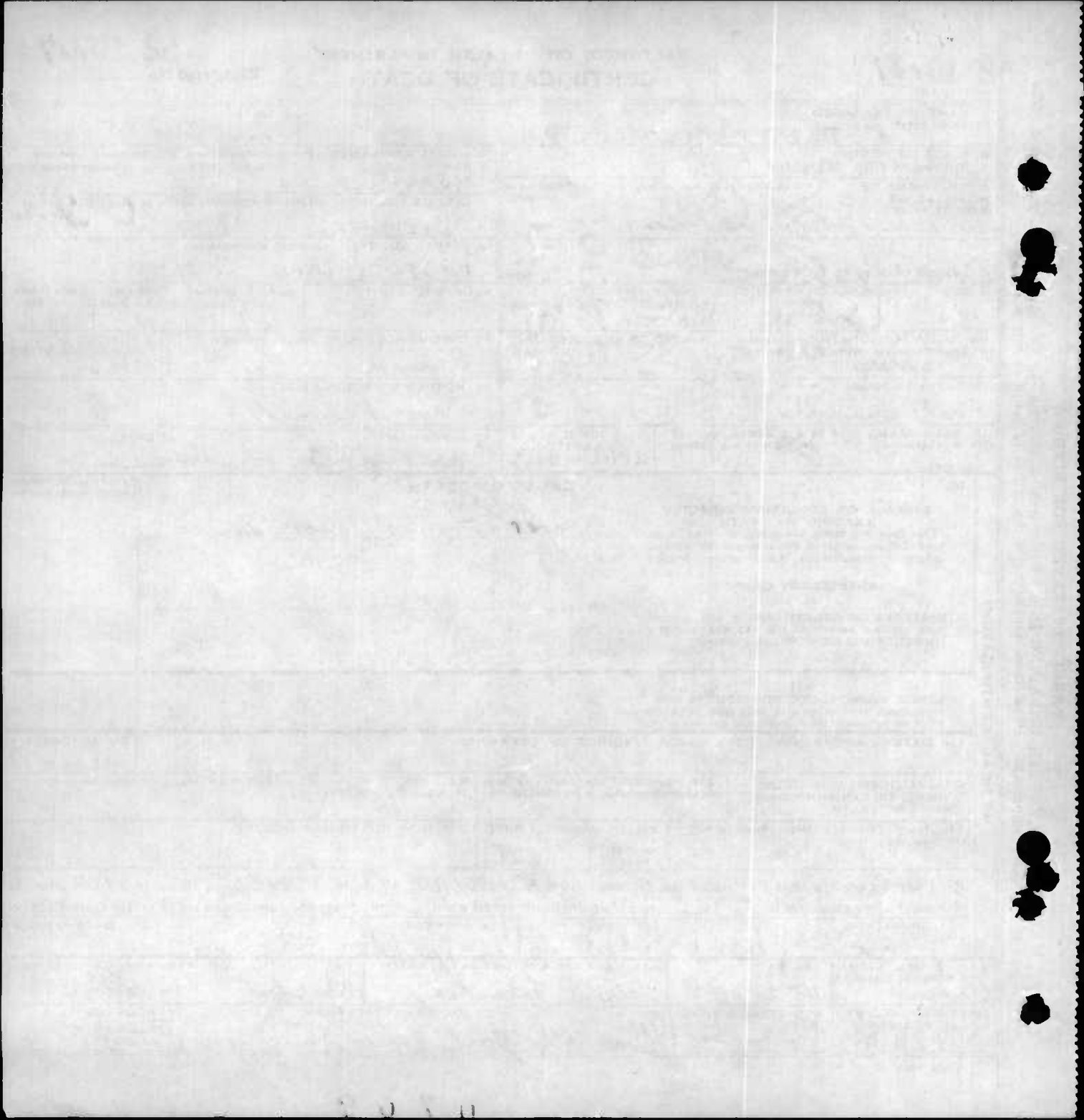
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank Lewis Inc - 2100 Eutaw Place

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10778

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leon Paul

2. DATE
OF
DEATH

November 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Lutheran Hospital
730 Ashburton St. Baltimore Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

5440 Lynview Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

5/29/1883

9. AGE (In years
last birthday)

69 years

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

Clerk at Miracle Market

10B. KIND OF BUSINESS OR
INDUSTRYMiracle Market
1701 W. Baltimore St.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hymann

14. MOTHER'S MAIDEN NAME

Touca

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Hospital records
Lutheran Hospital, Baltimore, Md.

18. 4300 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) acute coronary occlusion

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

one day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) subacute bacterial endocarditis

DUE TO

Seven
weeks

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 29, 1952 to November 27, 1952 that I last saw the
deceased alive on November 27, 1952, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Rudolph M. Zander M.D. assistant
resident

23B. ADDRESS

Lutheran Hospital, Baltimore, Maryland

23C. DATE SIGNED

11-27-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-28-52

24C. NAME OF CEMETERY OR CREMATORY

Belmont

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. K. Lewis, Jr.

ADDRESS

2100 Canton Pl

0.75

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10779
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Theodore Antonatos

2. DATE
OF
DEATH

Nov. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1003 Greenmount Ave.*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1003 Greenmount Ave.

c. Length of stay in Baltimore

25 years

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan 5, 1927

9. AGE (In years last birthday)

25

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Helper

10B. KIND OF BUSINESS OR INDUSTRY

Battery

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Antonatos

14. MOTHER'S MAIDEN NAME

Angela Monsouris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Coronary Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Cardiac Disease

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/12*, 19*52*, to *11/16*, 19*52*, that I last saw the deceased alive on *11/18*, 19*52*, and that death occurred at *5 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Arch Hornstein

23B. ADDRESS

2048 Bridle ST

23C. DATE SIGNED

11/16/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 28 1952

24C. NAME OF CEMETERY OR CREMATORY

Greenwood

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

NOV 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Rita Wildfield 900 E. Biddle St

ADDRESS

VS 150

952 690 48771

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

REGISTRATION
DIVISION

CAUSE OF DEATH



CERTIFICATE COMPLETED 1/23/53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10780

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Delores Lorraine Golder

2. DATE
OF
DEATH

Nov. 25-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

839 N. Fulton Ave. zone 17

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 17-1932

9. AGE (In years
last birthday)

20

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wilbur Pitts

14. MOTHER'S MAIDEN NAME

Vandella Jerden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMATION ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

493X 019.2 and 660X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Pneumonia

Military tuberculosis

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Septicemia

DUE TO

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Post partum - delivered 11/14/52

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24-1952, to 11-25-1952, that I last saw the
deceased alive on 11-25-1952, and that death occurred at 9.10AM., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

M. O.

23B. ADDRESS

4940 Eastern Ave. Baltimore, Md.

23C. DATE SIGNED

11-25-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 29/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

V. E. Brooke Ruggold 14637, Carver St.

ADDRESS

See correction letter in Document File
from H. C. Johnston,
Asst Supt., Medical - BCH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 10781

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE BELLE POWERS

2. DATE
OF
DEATH

November 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

803 Mangold Street

c. Length of stay in Baltimore

28

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

6/28/1902

9. AGE (In years
last birthday)

50

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Richmond Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank Parker

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 30 ST.

Mr Robert H. Powers Colley

18.

451X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Rupture of aorta with hemopericardium
and cardiac tamponade

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
m. WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/29/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Olivet Cem.

24D. LOCATION (City, town, or county)

2930 Frederick Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan & Son Hollins

ADDRESS

1870 92

1870 92



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10782

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. MARGARET J. NELSON

2. DATE
OF
DEATH

27 November 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4700 HARFORD ROAD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3305 SHANNON DRIVE

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Female

White

Widowed

Feb. 13-1876

76

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

JOHNSTOWN - PA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

CL Wney

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rev. Charles W. Nelson Jr - B. Md

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Oedema

15 minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardio-Vascular Hypertensive Disease

13 years

DUE TO

(C) Atherosclerosis

13 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from MARCH 10, 1939, to Nov, 27, 1952, that I last saw the
deceased alive on Nov, 24, 1952 and that death occurred at 3:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Dausch

M. D.

23B. ADDRESS

4636 Belair Road

23C. DATE SIGNED

11/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/1/52

New Cathedral Cem

BALTO Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 28 1952

Huntington Williams, M.D.

J. Luck

5305 HARFORD RD

VS 150

F 20010774

MARGIN RESERVED FOR BINDING

CASE WHEN NECESSARY, WITH UNFADING INK. Every item of information should be clearly and legibly typed. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Marg Miller (Daughter)
Br 0969

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10783

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RHODA F. Nichols

2. DATE
OF
DEATH

Nov. 26-1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)
A. STATE B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

2713 LATONA Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 19-1876

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE - Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James D. Ferguson

14. MOTHER'S MAIDEN NAME

Mary C. Wrightson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 2713
Mrs. Robert Benson-LATONA

18. 4 yr. 2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Chronic Myocarditis
(Infectious)

Year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1948, to 11/26, 1952 that I last saw the
deceased alive on 11/26, 1952 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

H. L. G. Golley

23B. ADDRESS

5703 Rockwell Rd

23C. DATE SIGNED

11/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-29-52

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county)

BALTIMORE - Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 HARFORD Rd

10005

BALTIMORE CIVIL MARCH 1900

CERTIFICATE OF DEATH

10005

NAME

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature

Signature

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Dr. Golley

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10784**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALLEN LOCKWOOD

2. DATE
OF
DEATH

Nov. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Garrison Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1714 Carswell Street

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

July 9, 1870

9. AGE (In years last birthday)

82

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Handyman

10B. KIND OF BUSINESS OR INDUSTRY

Bank

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank Lockwood

14. MOTHER'S MAIDEN NAME

Margaret Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

217-07-8618

17. INFORMANT ADDRESS

**2914 Boarman Avenue
Mr Phillip Lockwood**

18.

1999

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Generalized Carcinomatosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility

INTERVAL BETWEEN ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1949** 19 **Nov**, 19 **52**, that I last saw the deceased alive on **Nov. 25**, 19 **52**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Dr. M. Semine

23B. ADDRESS

2838 Hartford Rd.

23C. DATE SIGNED

Nov. 27, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/28/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTIMORE * 1#, MD.

VS 150

520010776

Secy P. Sander

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1881

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1881



PLEASE WRITE IN PENCIL. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 10785**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **GEORGE WASHINGTON ESER**2. DATE OF DEATH
Nov. 26, 19523. PLACE OF DEATH:
A. **Baltimore City, Maryland**4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION
5710 Loch Raven Blvd.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreC. Length of stay in Baltimore
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)
5710 Loch Raven Blvd.

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

May 3, 1893

9. AGE (In years last birthday)

59

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manager

10B. KIND OF BUSINESS OR INDUSTRY

Office

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Eser

14. MOTHER'S MAIDEN NAME

Theresa Grimm15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
212-10-368517. INFORMANT **5710 Loch Raven Blvd.**
Mrs. Catherine E. Eser18. **4/20/1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Coronary artery atherosclerosis**
DUE TO**21 days**

ANTECEDENT CAUSES

(B)
DUE TO
(C)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 15**, 19**52**, to **Nov. 26**, 19**52**, that I last saw the deceased alive on **Nov. 21**, 19**52**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Wm. J. Schmitz

M. D.

23B. ADDRESS

701 N. Kenwood Ave.

23C. DATE SIGNED

11/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/28/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

VS 150

1952 290730 777

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10786**BIRTH NO. **52-12772**1. NAME OF DECEASED
(Type or Print)**JANET LEE IMHOFF**2. DATE
OF
DEATH**November 26, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5622 Mattfeldt Avenue

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
ChildYrs.
Mos.
Days

8. DATE OF BIRTH

June 7, 1952

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.**5**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William H. Imhoff

14. MOTHER'S MAIDEN NAME

Jean E. Shelley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

William H. Imhoff 5622 Mattfeldt Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Upper Respiratory Infection with
~~XXXX~~ Terminal Aspiration of Vomitus**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT**Mongolism and other congenital defects**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

11/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county) (State)

Freelands, Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

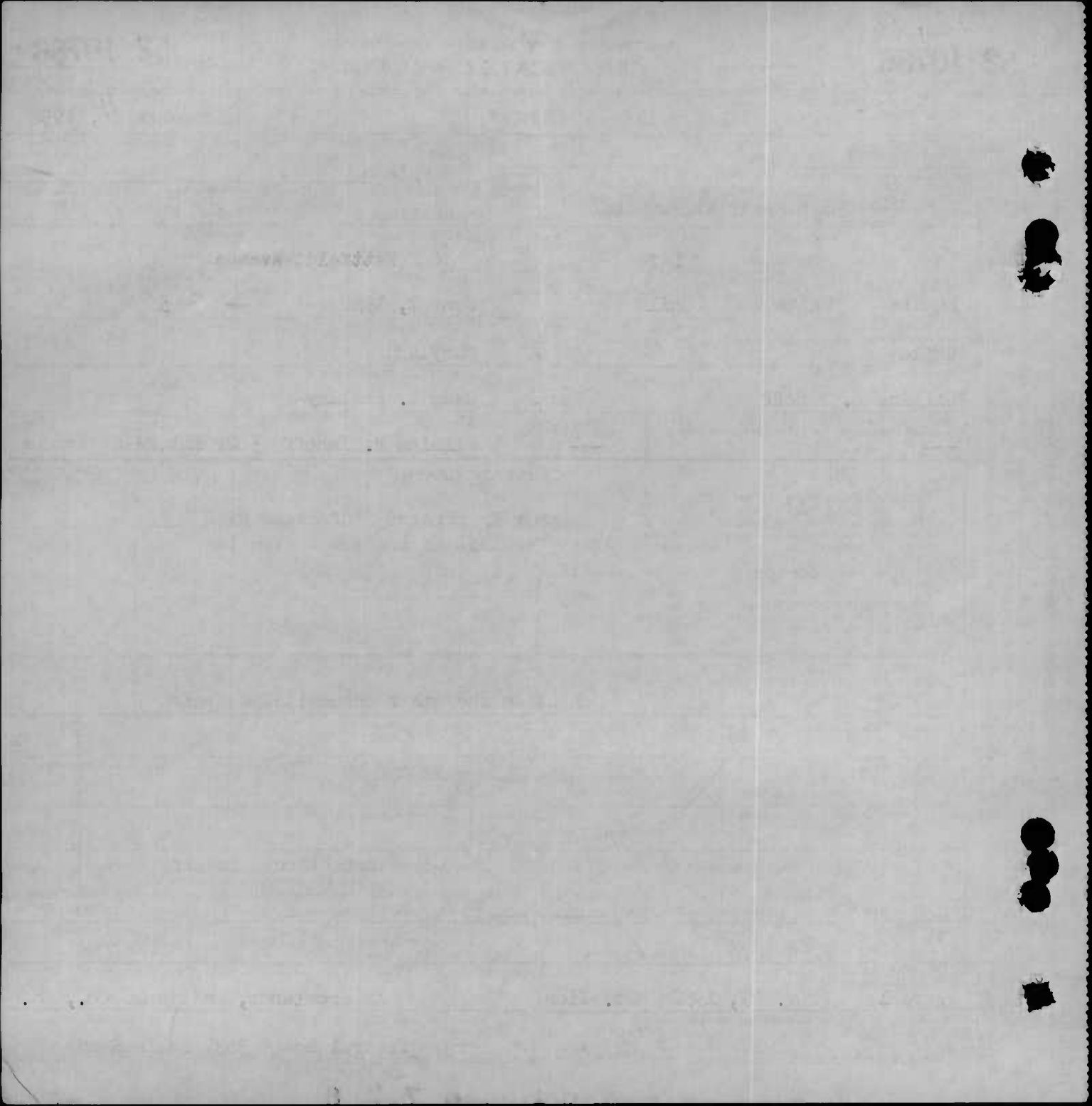
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road**Norace F. Burgee**



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 10787

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Berlin

2. DATE
OF
DEATH

11-27-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION

2908 Willdale Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write U.R.A. and give township)

c. Length of stay in Baltimore

64 yrs.

6. STREET ADDRESS (If rural, give location)

2908 Willdale Avenue

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1868

9. AGE (In years last birthday)

84

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Clothing Merchant

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Elliott R. Berlin

14. MOTHER'S MAIDEN NAME

Minnie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Annie Berlin - 2908 Willdale Ave

ADDRESS

18.

4 yrs. 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary edema

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerosis - C.V. Dis. 5 years

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1940 to Nov 27, 1952*, that I last saw the deceased alive on *Nov 26, 1952*, and that death occurred at *3:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Paul E. Carver

23B. ADDRESS

2217 South Road

23C. DATE SIGNED

Nov 28, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-28-52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Burial Society

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

Nov 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Salterman & Son 1124 21st W. Wood

ADDRESS

VS 150

5 2 0 0 1 0 7 2 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PENCIL, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10788
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10788

1. NAME OF DECEASED (Type or Print) ELIZABETH E. DAVIS			2. DATE OF DEATH II/26/58		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1506 Byrd Street			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. 00 Mos. Days			D. STREET ADDRESS (If rural, give location) 1506 Byrd Street		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 4/9/1863	9. AGE (In years last birthday) 89	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			11. BIRTHPLACE (State or foreign country) Virginia		
10B. KIND OF BUSINESS OR INDUSTRY Home			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William Bailey			14. MOTHER'S MAIDEN NAME Matilda Shields		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Family - Same			ADDRESS		

18. 470.1 and E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY OCCLUSION (A) DUE TO	CAUSE OF DEATH CORONARY OCCLUSION (B) arteriosclerosis DUE TO (C) senility	INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CERTIFICATION APPROVED BY Robert J. Miller M.D. CHIEF OR ASST. MEDICAL EXAMINER
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		fracture intratrocchanteur left

19A. DATE OF OPERATION Nov 5	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1506 Byrd St
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov 5 1952 m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Slipped and fell to floor in dining room
22. I hereby certify that I attended the deceased from Nov 5 , 19 52 , to Nov 26 , 19 52 , that I last saw the deceased alive on 11/26/52 , and that death occurred at 7:30 m., from the causes and on the date stated above.		
23A. SIGNATURE Isaac Miller	23B. ADDRESS 1225 O. Charles St.	23C. DATE SIGNED 11/26/52
24A. BURIAL, CREMATION, REMOVAL (Specify) B	24B. DATE II/29/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park
24D. LOCATION (City, town, or county) Baltimore		25. FUNERAL DIRECTOR L. S. Cliney

DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	ADDRESS - 130 E. Fort Avenue
--	---	--

VS 150
N - 8700
4520010700

DECEMBER 26

FRIDAY

1954

12

12

12

VALLEY

CONCRETE

FORD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10789**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Greenwood Waters**2. DATE
OF
DEATH**11-27-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION**Baltimore City Hospitals**
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1527 W. Lanvale St. -17

c. Length of stay in Baltimore

50 yrs.Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Wid.**

8. DATE OF BIRTH

April 7, 18759. AGE (In years
last birthday)**77**If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Princess Anne, Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Waters

14. MOTHER'S MAIDEN NAME

Fannie ?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.18. **150X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Carcinoma of Esophagus**

DUE TO

18 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-26-52**, 19**52**, to **Nov. 27**, 19**52**, that I last saw the
deceased alive on **Nov. 27**, 19**52**, and that death occurred at **12.05 AM** from the causes and on the date stated above.

23A. SIGNATURE

H. J. Shuman

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

11-27-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-1-52

24C. NAME OF CEMETERY OR CREMATORY

Arboretum

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. E. Nelson 1303 Preston St.

VS 150

540010781

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

25-11

100

• **BYA'S WPS:**

11

2.

1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543 2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592 2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641 2642 2643 2644 2645 2646 2647 2648 2649 2650 2651 2652 2653 2654 2655 2656 2657 2658 2659 2660 2661 2662 2663 2664 2665 2666 2667 2668 2669 2670 2671 2672 2673 2674 2675 2676 2677 2678 2679 2680 2681 2682 2683 2684 2685 2686 2687 2688 2689 2690 2691 2692 2693 2694 2695 2696 2697 2698 2699 2700 2701 2702 2703 2704 2705 2706 2707 2708 2709 2710 2711 2712 2713 2714 2715 2716 2717 2718 2719 2720 2721 2722 2723 2724 2725 2726 2727 2728 2729 2730 2731 2732 2733 2734 2735 2736 2737 2738 2739 2740 2741 2742 2743 2744 2745 2746 2747 2748 2749 2750 2751 2752 2753 2754 2755 2756 2757 2758 2759 2760 2761 2762 2763 2764 2765 2766 2767 2768 2769 2770 2771 2772 2773 2774 2775 2776 2777 2778 2779 2780 2781 2782 2783 2784 2785 2786 2787 2788 2789 2790 2791 2792 2793 2794 2795 2796 2797 2798 2799 2800 2801 2802 2803 2804 2805 2806 2807 2808

1. *Chlorophyll a* (Chl a) and *Chlorophyll b* (Chl b) are the two main photosynthetic pigments in green plants. They are responsible for capturing light energy and converting it into chemical energy through the process of photosynthesis. Chl a is the primary pigment, while Chl b acts as an accessory pigment, transferring energy to Chl a.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 10790

BIRTH NO. <u>52 10790</u>		1. NAME OF DECEASED (Type or Print) <u>John Harris</u>		2. DATE OF DEATH <u>Nov-23, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Med. Dept 2</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>7-04</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <u>Baltimore 5</u>			
c. Length of stay in Baltimore Yrs. <u>33</u> Mos. <u>0</u> Days <u>0</u>		D. STREET ADDRESS (If rural, give location) <u>907 McDonough St.</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-25-11</u>	9. AGE (In years last birthday) <u>50</u>	10. Under 24 Hours: Hours <u>2</u> Min. <u>0</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taylor</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
13. FATHER'S NAME <u>Peter Harris</u>		14. MOTHER'S MAIDEN NAME <u>Rosa ?</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>?</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	
18. <u>33 x 1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Thrombosis</u> (A) DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>11-28-52</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11-7-</u> , 19 <u>52</u> , to <u>11-23-</u> , 19 <u>52</u> that I last saw the deceased alive on <u>11-23-</u> , 19 <u>52</u> and that death occurred at <u>9:00</u> A.M., from the causes and on the date stated above.					
23A. SIGNATURE <u>William W. Dick</u> M. D.		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>11-24-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11-28-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Int. Calvary Cem</u>	
24D. LOCATION (City, town, or county) (State) <u>A. A. Co. Md</u>		24E. FUNERAL DIRECTOR <u>Huntington Williams, M. P. Sawyer, Sanders E. Preston Jr</u>		24F. ADDRESS <u>217</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 28 1952</u>		VS 150			

952059946702

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 10791

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)CHARLES ROLAND TOWSON2. DATE
OF
DEATHNov. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1027 W. BALTO. ST.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE MD B. COUNTY _____ before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township) BALTIMORE 18-03

c. Length of stay in Baltimore

60 YearsYrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1027 W. BALTIMORE ST.

5. SEX

MALE

6. COLOR OR RACE

WHITE7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)DIVORCED

8. DATE OF BIRTH

AUG. 20, 18909. AGE (In years
last birthday)62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Painter - Retired - 10 yrs. Dry cleaning10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

LAUREL MD12. CITIZEN OF
WHAT COUNTRY?U. S. A.

13. FATHER'S NAME

John Edward Towson

14. MOTHER'S MAIDEN NAME

Emma Jane Wills.15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)YESFirst World War.16. SOCIAL
SECURITY NO.215-01-3644

17. INFORMANT

G. EDWARD TOWSONADDRESS 30 N.G. EDWARD TOWSON MORLEY ST.

18.

592 XDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Hypertensive Cardio-Vas. Disease

DUE TO

ANTECEDENT CAUSES

(B) Ch. nephritis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATHyears.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 26, 1952, to Death - arrived, 1952, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Charles Towson

23B. ADDRESS

910 W. Lombard St.

23C. DATE SIGNED

Nov. 28/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)BURIAL

24B. DATE

Nov. 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

LODGE PARK

24D. LOCATION (City, town, or county)

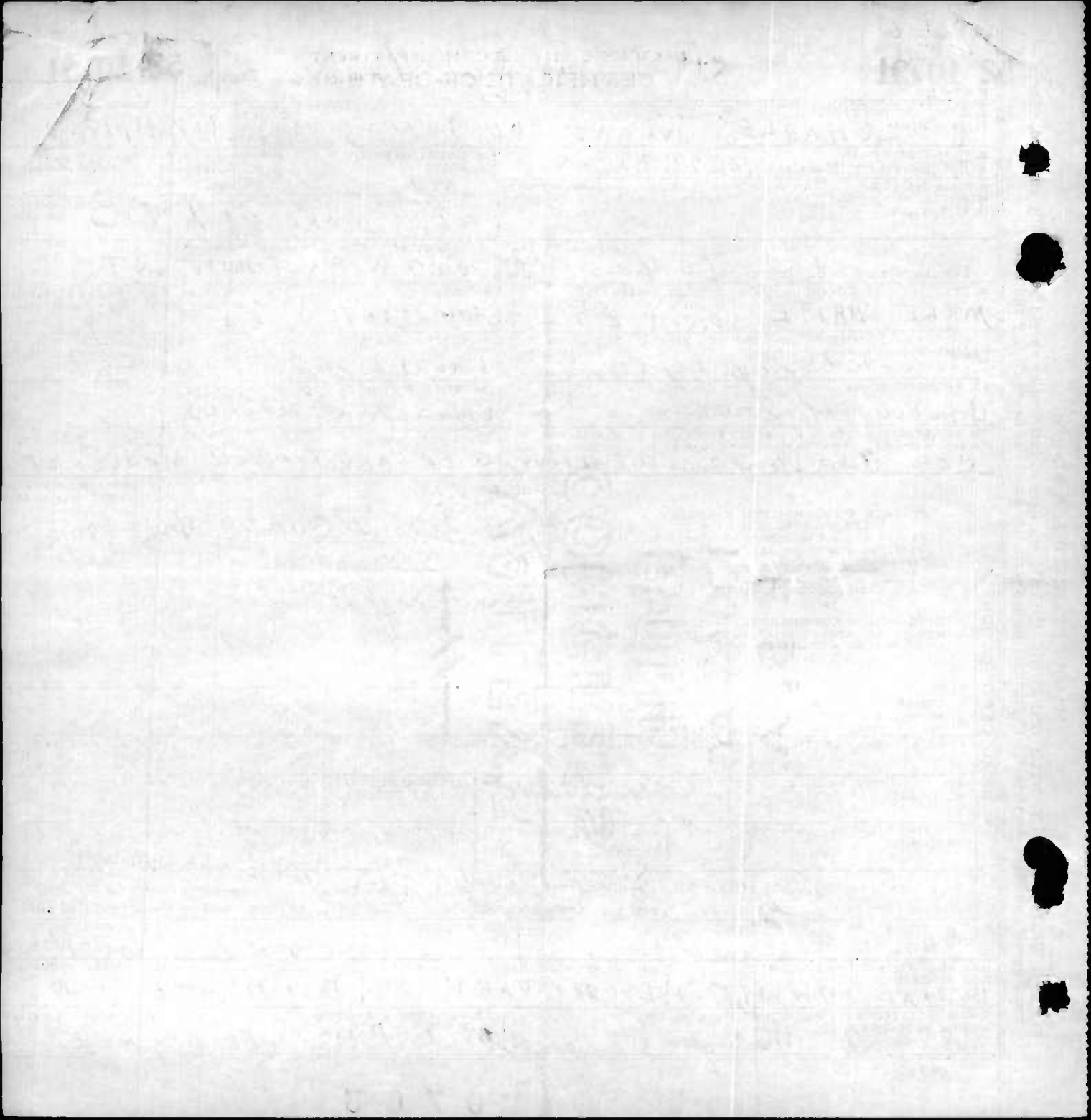
BALTIMORE, MD.DATE RECEIVED BY
LOCAL REGISTRARNOV 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

WILL BROS. FREDK, AVE.ADDRESS 3109



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10792**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Niobe G. Sorrell

2. DATE
OF
DEATH

Nov. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

3823 Monterey Road

C. Length of stay in Baltimore

46 years

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

April 2, 1896

9. AGE (in years
last birthday)

56

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR
INDUSTRY

Bank

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Henry Giles

14. MOTHER'S MAIDEN NAME

Emma J. Moran

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
218-18-3864

17. INFORMANT

ADDRESS

Miss Ethel E. Sorrell, 3823 Monterey Road.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 week

3 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct 1, 1948** to **Nov. 26**, 19**52**, that I last saw the deceased alive on **Nov. 26**, 19**52**, and that death occurred at **5.45 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Schools F. O'Donnell

M. D.

7501 York Road

Nov. 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 28 1952

Huntington Williams, M.D.

Vernon L. Lamm

4611 Park Heights.

VS 150

36071 0704

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10-10-50

UNITED STATES DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C. 20250

10-10-50

10-10-50



52 10793

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10793

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLAYTON-E. CLARK

2. DATE
OF
DEATH

Nov. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTO. MD.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2563 W. Lombard St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2563 W. Lombard St.

c. Length of stay in Baltimore

50 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

2-22-1885 67

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Conductor

10B. KIND OF BUSINESS OR
INDUSTRY

BALTO. TRANSIT.

11. BIRTHPLACE (State or foreign country)

A. A. COUNTY Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George CLARK

14. MOTHER'S MAIDEN NAME

FANNY WARD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-10-0756

17. INFORMANT

Wife

ADDRESS

Edith B. CLARK 2563 W. Lombard St.

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion, acute

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary insufficiency

DUE TO

13 mos.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 22, 1952, to Nov. 25, 1952, that I last saw the
deceased alive on Nov. 20, 1952, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Libert E. Rudman

M. O.

23B. ADDRESS

2517 W. Balto. St.

23C. DATE SIGNED

11/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

BALTO. MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

E. Truman Schwab

ADDRESS

3512 Frederick Ave.

VS 150

631 51 0705

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1915

10-2

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>	
<p>4. Date of death</p>		<p>5. Time of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Manner of death</p>		<p>9. Signature of physician</p>	
<p>10. Signature of registrar</p>		<p>11. Signature of witness</p>		<p>12. Signature of coroner</p>	

52 10794

L-100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10794

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Goldie Ball Love

2. DATE
OF DEATH

11-24-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Ba/to.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

651 Bankard Lane

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Md.

42-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

651 Bankard Lane

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 13, 1912

9. AGE (In years last birthday)

39

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ba/to. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Ball

14. MOTHER'S MAIDEN NAME

Ella Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (if unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Walter Love 651 Bankard Lane

ADDRESS

18.

491X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Dilatation

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bronchopneumonia

3 months

(C) Ch. Malnutrition

3

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 30, 1952, to Nov. 24, 1952 that I last saw the deceased alive on Nov. 24, 1952, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph L. Gainer

M. D.

23B. ADDRESS

525 W. Hamburg St

23C. DATE SIGNED

11/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov 28, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial

24D. LOCATION (City, town, or county)

Arbutus, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs Katie R. Williams, Schroeder

ADDRESS 322 N.

VS 150

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

Ca

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10795
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN MICHAEL DRIES

2. DATE
OF
DEATH

Nov. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

Maryland

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Lutherville

53-00

D. STREET ADDRESS (If rural, give location)

Mayleton Drive

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. Length of stay in Baltimore

14 years

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 18, 1901

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerical

10B. KIND OF BUSINESS OR
INDUSTRY

Blum L. Martin

11. BIRTHPLACE (State or foreign country)

France

12. CITIZEN OF
WHAT COUNTRY?

American

13. FATHER'S NAME

John Dries

AIRPLANE (As)

14. MOTHER'S MAIDEN NAME

Lina Koch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (if yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ella Dries, Lutherville

18. 193X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) _____
DUE TO

Tumor of Cerebellum

ANTECEDENT CAUSES

(B) _____
DUE TODISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) _____

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-26-52

19B. MAJOR FINDINGS OF OPERATION

Tumor of Cerebellum

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19, 1952 to Nov. 27, 1952 that I last saw the
deceased alive on Nov. 27, 1952, and that death occurred at 8:15 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Barbara S. Green, Jr.

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

11-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11-29-1952

24C. NAME OF CEMETERY OR CREMATORY

LORRAINE PARK

24D. LOCATION (City, town, or county)

WOODLAWN

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H.W. JENKINS & SONS Co 4905 YORK RD

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully stated. The age is important. Physicians: please write the causes of death clearly and legibly.

F 652
52 10796

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10796
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT FRANCE

2. DATE
OF
DEATH

NOV. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

B. FULL NAME OF HOSPITAL OR INSTITUTION

CANTERBURY RD & 39TH

C. CITY OR TOWN

BALTO

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

AMBASSADOR APTS.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

NOV. 2, 1896

9. AGE (in years last birthday)

36

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

JUDGE

10B. KIND OF BUSINESS OR INDUSTRY

GOV'T.

11. BIRTHPLACE (State or foreign country)

BALTO., MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOSEPH

FRANCE

14. MOTHER'S MAIDEN NAME

ROBERTA SIMON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS. MARY M. FRANCE

ADDRESS

ABOVE

18.

141X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cancer - Tongue

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

4 Months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 1948, to Nov 28, 1952 that I last saw the deceased alive on Nov 26, 1952 and that death occurred at 7A m., from the causes and on the date stated above.

23A. SIGNATURE

W.A. Heady

M. D.

23B. ADDRESS

1403 Park Ave

23C. DATE SIGNED

11-28-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11-29-1952

24C. NAME OF CEMETERY OR CREMATORY

DRUID RIDGE

24D. LOCATION (City, town, or county)

PIKESVILLE

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

H.W. JENKINS & SONS Co. 4905 YORK ROAD

VS 150

Huntington Williams, MD

055 91 0788

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 10797

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie A. Walker

2. DATE
OF
DEATH

Nov 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland

B. COUNTY

CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Beechill Nursing Home

D. STREET ADDRESS (If rural, give location)

1906 Homewood Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 26, 1874

9. AGE (In years last birthday)

78

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Devine

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Joseph G. Salafia 97 Dunkirk Rd

18.

260X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 yr.

10 yr.

15 yr.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1944, to Nov, 1952, that I last saw the deceased alive on Nov 26, 1952, and that death occurred at 12:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Frederick J. Vollmer

M. D.

23B. ADDRESS

6100 York Rd

23C. DATE SIGNED

11-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Baltimore St.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 10798**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katherine E. O'Donnell

2. DATE
OF
DEATH

Nov. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Long Green Nursing Home
115 Melrose Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

309 Ilchester Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 5, 1898

9. AGE (In years last birthday)

54

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Secretary

10B. KIND OF BUSINESS OR INDUSTRY

B.&O.R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John J. O'Donnell

14. MOTHER'S MAIDEN NAME

Mary C. Hughes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Margaret O'Donnell-309 Ilchester Ave.

18.

154X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

9 mos

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 27, 1952, to Nov 27, 1952, and that death occurred at 8:00 A.M. from the causes and on the date stated above.

23A. SIGNATURE

William L. Reif

M. D.

23B. ADDRESS

5006 Roland Ave -

23C. DATE SIGNED

11/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-I-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc - 1217 St. Paul St.

NOV 28 1952

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1900

DATE OF DEATH

NAME OF DECEASED
AGE
SEX
RACE
BIRTH DATE
PLACE OF BIRTH
MARRIED
OCCUPATION
CAUSE OF DEATH
PLACE OF DEATH
DATE OF DEATH
TIME OF DEATH
SIGNATURE OF DECEASED
SIGNATURE OF WITNESS
SIGNATURE OF PHYSICIAN
SIGNATURE OF CLERK
SIGNATURE OF JUDGE
SIGNATURE OF SHERIFF
SIGNATURE OF CORONER
SIGNATURE OF MINISTER
SIGNATURE OF CHURCH WARDEN
SIGNATURE OF RABBI
SIGNATURE OF MINISTER
SIGNATURE OF CHURCH WARDEN
SIGNATURE OF RABBI

1900

NAME OF DECEASED
AGE
SEX
RACE
BIRTH DATE
PLACE OF BIRTH
MARRIED
OCCUPATION
CAUSE OF DEATH
PLACE OF DEATH
DATE OF DEATH
TIME OF DEATH
SIGNATURE OF DECEASED
SIGNATURE OF WITNESS
SIGNATURE OF PHYSICIAN
SIGNATURE OF CLERK
SIGNATURE OF JUDGE
SIGNATURE OF SHERIFF
SIGNATURE OF CORONER
SIGNATURE OF MINISTER
SIGNATURE OF CHURCH WARDEN
SIGNATURE OF RABBI
SIGNATURE OF MINISTER
SIGNATURE OF CHURCH WARDEN
SIGNATURE OF RABBI

1900

NAME OF DECEASED
AGE
SEX
RACE
BIRTH DATE
PLACE OF BIRTH
MARRIED
OCCUPATION
CAUSE OF DEATH
PLACE OF DEATH
DATE OF DEATH
TIME OF DEATH
SIGNATURE OF DECEASED
SIGNATURE OF WITNESS
SIGNATURE OF PHYSICIAN
SIGNATURE OF CLERK
SIGNATURE OF JUDGE
SIGNATURE OF SHERIFF
SIGNATURE OF CORONER
SIGNATURE OF MINISTER
SIGNATURE OF CHURCH WARDEN
SIGNATURE OF RABBI
SIGNATURE OF MINISTER
SIGNATURE OF CHURCH WARDEN
SIGNATURE OF RABBI

1900

NAME OF DECEASED
AGE
SEX
RACE
BIRTH DATE
PLACE OF BIRTH
MARRIED
OCCUPATION
CAUSE OF DEATH
PLACE OF DEATH
DATE OF DEATH
TIME OF DEATH
SIGNATURE OF DECEASED
SIGNATURE OF WITNESS
SIGNATURE OF PHYSICIAN
SIGNATURE OF CLERK
SIGNATURE OF JUDGE
SIGNATURE OF SHERIFF
SIGNATURE OF CORONER
SIGNATURE OF MINISTER
SIGNATURE OF CHURCH WARDEN
SIGNATURE OF RABBI
SIGNATURE OF MINISTER
SIGNATURE OF CHURCH WARDEN
SIGNATURE OF RABBI

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10799
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

RICHARD K. BARNES

2. DATE
OF
DEATH

Nov. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

MARYLAND

CARROLL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

SYKESVILLE

township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

11/21/93

9. AGE (In years

last birthday)

59

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

merchant

10B. KIND OF BUSINESS OR
INDUSTRY

confectionery

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Levi Barnes

14. MOTHER'S MAIDEN NAME

Elizabeth Bennett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

7-44-1

17. INFORMANT

ADDRESS

Mrs Marie Barnes-Sykesville

18. *450 1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary embolism

minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

High leg amputation - right

2 days

DUE TO

(C)

*Vascular insufficiency with gangrene
in right foot*

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/25/52

19B. MAJOR FINDINGS, OF OPERATION

Amputation - upper part of right leg.

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐

NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/21* 1952 to *11/27*, 1952, that I last saw the
deceased alive on *11/27*, 1952, and that death occurred at *7:30* A.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard C. Packert

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-30-52

24C. NAME OF CEMETERY OR CREMATORY

Springfield

24D. LOCATION (City, town, or county)

Sykesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Walians, M.D.

25. FUNERAL DIRECTOR

Wm. H. Haight - Sykesville, Md.

ADDRESS

VS 150

2806A

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11

00001 9

CERTIFICATE OF DEATH
SOUTH DAKOTA DEPARTMENT OF HEALTH

1900

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10801

52 10801

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mushake, Louis

2. DATE
OF
DEATH

Nov. 26-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5670 Alameda Blvd

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

5670 Alameda Blvd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct 20-1858

9. AGE (In years
last birthday)

94

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Men's Furnishings

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO

MA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CARL Mushake

14. MOTHER'S MAIDEN NAME

ANNA HILDEBRANDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS JOHN E CLARK

SAME

18.

4700

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Anterior-cerebral Ht Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Aug. 10, 1952, to Nov. 26, 1952, that I last saw the deceased alive on Nov. 25, 1952, and that death occurred at 3 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Sol Smith.

M. D.

23B. ADDRESS

2426 Eutan Place

23C. DATE SIGNED

11/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-29-52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

BALTO

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Ruck

ADDRESS

5305 Harford Rd

VS 150

19520010793

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly stated. The correct age is very important. Physicians: please write the causes of death clearly and legibly.

10802 54

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1001

Name of Deceased		Age		Sex		Race		Date of Death		Place of Death		Cause of Death		Manner of Death		Signature of Physician		Signature of Registrar	
John Doe		45		Male		White		10/15/1918		Home		Heart Disease		Natural		J. Doe, M.D.		J. Doe, Registrar	
Occupation		Residence		Marital Status		Religion		Date of Birth		Date of Admission to Hospital		Date of Discharge from Hospital		Date of Burial		Date of Interment		Date of Cremation	
Teacher		1234 Main St.		Married		Catholic		10/15/1873		10/15/1918		10/15/1918		10/15/1918		10/15/1918		10/15/1918	
Education		Place of Birth		Date of Arrival in City		Date of Departure from City		Date of Return to City		Date of Death in Hospital		Date of Death at Home		Date of Death in Prison		Date of Death in Asylum		Date of Death in Other Institution	
High School		New York		1900		1910		1915		1918		1918		1918		1918		1918	
Previous Illnesses		Previous Operations		Previous Accidents		Previous Injuries		Previous Fractures		Previous Dislocations		Previous Burns		Previous Scalds		Previous Poisoning		Previous Other	
None		None		None		None		None		None		None		None		None		None	
Date of Last Examination		Date of Last Examination		Date of Last Examination		Date of Last Examination		Date of Last Examination		Date of Last Examination		Date of Last Examination		Date of Last Examination		Date of Last Examination		Date of Last Examination	
10/10/1918		10/10/1918		10/10/1918		10/10/1918		10/10/1918		10/10/1918		10/10/1918		10/10/1918		10/10/1918		10/10/1918	

10802 54

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10802

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miller, Hugh W.

2. DATE
OF DEATH November 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3213 Tyndale Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 1, 1897

9. AGE (in years
last birthday)

55

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Owner

10B. KIND OF BUSINESS OR
INDUSTRY

Paint Mfrgr.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

August Miller

14. MOTHER'S MAIDEN NAME

Emma Marian Pascal

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marybelle Miller - 3213 Tyndale Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral vascular accident (embolism)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial infarction

DUE TO

(C) Arteriosclerotic heart disease

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 26, 1952, to November 26, 1952, that I last saw the
deceased alive on Nov. 26, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles Somers

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

Nov. 26, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/29/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

52029049

Baeto 17, Md.

CERTIFICATE OF DEATH

Form 10

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 10803**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDNA BROWN

2. DATE
OF
DEATH

Nov. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2816 Winchester St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2816 Winchester St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 22, 1877

9. AGE (In years last birthday)

75

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Helland

14. MOTHER'S MAIDEN NAME

Deborah Jamison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Thomas W. Brown - 2816 Winchester St.

18.

442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Shock, acute congestive cardiac failure from cerebral hemorrhage

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive arteriosclerotic cardiovascular renal disease.

Over 1 yr.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 30, 1951, to Nov. 25, 1952 that I last saw the deceased alive on Nov. 25, 1952, and that death occurred at 5:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4116 Edmondson Avenue

23C. DATE SIGNED

Nov. 26, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/29/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Viskner & Sons

ADDRESS

Balto. 17, Md.

VS 150

1952 10 21 07 05

Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be stated fully and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10804

Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) VINCENT McCUBA (or Macuba)			2. DATE OF DEATH 11/28/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION 34 BON SECOURS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 53-00					
C. Length of stay in Baltimore 40			D. STREET ADDRESS (If rural, give location) 1120 ELMRIDGE ROAD					
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4/4/91		9. AGE (In years last birthday) 61		If Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) POLICEMAN (RETIRED)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) MORAVIA, CZECH.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WALTER McCUBA			14. MOTHER'S MAIDEN NAME NOT RECORDED Agnes					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unk.			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS MRS. ANNA McCUBA-Wife 1120 ELMRIDGE RD.		

18. 42001 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) ARTERIOSCLEROTIC HEART DISEASE DUE TO 10 years INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. GASTRIC ULCER AND DUODENAL ULCER	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 25, 1952 to Nov. 28, 1952, that I last saw the deceased alive on Nov. 28, 1952, and that death occurred at 3:20 ^a m., from the causes and on the date stated above.					
23A. SIGNATURE William A. Piccubury		23B. ADDRESS Bon Secours Hosp.		23C. DATE SIGNED 11-28-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-1-52	24C. NAME OF CEMETERY OR CREMATORY London Park	24D. LOCATION (City, town, or county) (State) Balto. Md
DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Harry H. Wight	ADDRESS 4101 Edmondson Ave

VS 150

1952 273 937 20

H 522
52 10805

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10805

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Catherine Hancock</i>		2. DATE OF DEATH <i>27 Nov 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1510 Ralworth Rd</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 9-02</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1510 Ralworth</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>Aug 27 1876</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) <i>76</i>
13. FATHER'S NAME <i>Arthur L. Brown</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Alice Luke</i>	
17. INFORMANT <i>Arthur C Hancock</i>		ADDRESS <i>Same</i>	

18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Cerebral Vascular Disease, Arteriosclerosis</i> DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>2 yr</i>
---	--	---

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>12 Sept</i> , 19 <i>51</i> , to <i>27 Nov</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>27 Nov</i> , 19 <i>52</i> , and that death occurred at <i>11:50 P</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Huntington Williams</i>	23B. ADDRESS M. D. <i>1513 N. Milken Ave</i>	23C. DATE SIGNED <i>27 Nov 52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec 1 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>
24D. LOCATION (City, town, or county) (State) <i>Balto. Md</i>		

DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 28 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>W. J. Jenkins & Sons Co</i>	ADDRESS <i>4905 York Rd</i>
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VS 150

52 2001 0707

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly stated. The color of ink is important. Physicians: please write the causes of death clearly and legibly. The color of ink is important.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10806
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALICE E. HAMMOND		2. DATE OF DEATH November 27 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Pinecrest Nursing Home 600 S. Chapel Gate Lane		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 50 yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Callow Ave. at Whitelock St.	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80 ?
13. FATHER'S NAME Warner C. Greenwood		11. BIRTHPLACE (State or foreign country) Easton, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
17. INFORMANT Mrs. Martha W. Keller		ADDRESS 306 Grove Blvd. Frederick, Md.	

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia - bilateral 3 days	CAUSE OF DEATH Senility	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arteriosclerosis 4 years		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE OLD INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW OLD INJURY OCCUR?

22. I hereby certify that I attended the deceased from **September 12, 1949**, to **November 27, 1952**, that I last saw the deceased alive on **Nov. 26, 1952**, and that death occurred at **4:20 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Melvin N. Boulton	23B. ADDRESS 5000 Old Frederick Road	23C. DATE SIGNED 11/28/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 29, 1952	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State) Frederick Rd. Balto. Md.		25. FUNERAL DIRECTOR John O. Mitchell & Sons Inc.

DATE RECEIVED BY LOCAL REGISTRAR
NOV 28 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

ADDRESS
1900 Eutaw Place

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The color of age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10808

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1911

NAME OF DECEASED		AGE		SEX		RACE		RELIGION		MARRIAGE		EDUCATION		OCCUPATION		RESIDENCE		DATE OF DEATH		PLACE OF DEATH		CAUSE OF DEATH	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10807

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Able Riehl, Sr.

2. DATE
OF
DEATH

Nov. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2697 WILKENS AVE.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 20-05

D. STREET ADDRESS (If rural, give location)

2697 WILKENS AVE.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

July 19, 1896

9. AGE (In years
last birthday)

56

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ELECTRICAL SUPERVISOR

10B. KIND OF BUSINESS OR
INDUSTRY

COPPER & BRASS

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Riehl

14. MOTHER'S MAIDEN NAME

MARY REAHL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

216-03-5882

17. INFORMANT

MARIE E. Riehl 2697 WILKENS AVE.

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

1 yr.

1 day

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1951, to 11/27, 1952, that I last saw the
deceased alive on 11/27, 1952, and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Keeler, M.D.

23B. ADDRESS

1030 Withers Ave

23C. DATE SIGNED

11/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 28 1952

Huntington Williams, Jr.

Geo. L. Schwab 2101 Frederick Ave.

MAINTENANCE OF RECORDS

SECTION OF RECORDS

2280

C-425
108322

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 10808

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard Colgin

2. DATE
OF
DEATH

11-27-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

26-11

b. FULL NAME OF HOSPITAL OR INSTITUTION

Baltimore City Hospitals
4940 Eastern Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 1, 1889

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10b. KIND OF BUSINESS OR INDUSTRY

Amet. Chem. Co.

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John (D)

14. MOTHER'S MAIDEN NAME

Anna (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18.

493 x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Edema
Pneumonia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

14 hrs
14 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Heart Disease

1 yea

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-26-52, 19__, to 11-27-52, 19__, that I last saw the deceased alive on 11-27-52, 19__, and that death occurred at 12.40AM from the causes and on the date stated above.

23a. SIGNATURE

John J. Duda

23b. ADDRESS

4940 Eastern Ave.

23c. DATE SIGNED

11-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

12-1-1952

24c. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem. Eastern Ave

24d. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John J. Duda, Inc. 2829 Tudor City

NOV 28 1952 58348 800

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly. The age of the deceased is especially important. Physicians: please write the causes of death clearly and legibly.

1997-1998

4-34-210-3-01

$\frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} f(x) e^{-x^2} dx = \frac{1}{\sqrt{\pi}}$

(Continued)

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Figure 1

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1998

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-620
AJH 164679

52 10809

52 10809

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine Myers

2. DATE
OF
DEATH

11.26 52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

121 Perry St.

c. Length of stay in Baltimore

L ife

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Sep.

8. DATE OF BIRTH

Oct. 27. 1923

9. AGE (In years
last birthday)

29

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Maurice Butler

14. MOTHER'S MAIDEN NAME

Anna Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospital Records
4940 Eastern Ave

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Heart Disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11.4.52, 19__, to 11.26. 1952, that I last saw the
deceased alive on 11.26. 1952, and that death occurred at 3.00a m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

M. O.

Baltimore City Hospital
4940 Eastern Ave Records

23C. DATE SIGNED

11.27.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov. 29.52

24C. NAME OF CEMETERY OR CREMATORY

Broadneck Cem.

24D. LOCATION (City, town, or county)

a. a. c. ind

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James A. Hayes 4384. 9th St

NOV 28 1952

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CERTIFICATE CORRECTED 12-1-52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10810
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DEWEY

MIVENS

2. DATE
OF
DEATH

November 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

665 W. Fayette St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 22, 1927

9. AGE (In years last birthday)

25 (30)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

W. H. Mivens

14. MOTHER'S MAIDEN NAME

Bertha Mivens

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Bertha Mivens

ADDRESS

S. C.

18.

E981X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Exsanguination**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

**Gunshot wound of liver, spleen, lung
and stomach**

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

house

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

726 W. Fayette St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

November 27

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Was shot in a gun fight

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☐ **Nov. 28, 1952**
M.D. MEDICAL INVESTIGATOR ☐

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Nov. 29-52

24C. NAME OF CEMETERY OR CREMATORY

Summerton

24D. LOCATION (City, town, or county)

S. C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Funston Williams, M.D.

25. FUNERAL DIRECTOR

James Asages

ADDRESS

4384 9th St

V S 151

18 1952

N-869.4

92099

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01261 S

01261 S



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 108d1

Registered No. _____

BIRTH NO. <u>52 108d1</u>		1. NAME OF DECEASED (Type or Print) <u>EMMA V. VICTOR</u>		2. DATE OF DEATH <u>Nov. 26, 1952</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>1410 W. Lombard St.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>1410 W. Lombard St.</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 8,</u>	9. AGE (in years last birthday) <u>about 81</u>	10. Under 1 Year Months _____ Days _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Md.</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME <u>George Frey</u>		14. MOTHER'S MAIDEN NAME <u>Mary -</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Mr. Walter P. Stranz - 2404 W. Rogers</u>	
18. <u>331X</u>		CAUSE OF DEATH		ADDRESS <u>Av</u>	

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Cerebral Arteriosclerosis</u>		<u>many years</u>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT <input type="checkbox"/> WORK		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Nov 23, 1952 to Nov 26, 1952 that I last saw the deceased alive on Nov. 26, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE <u>Abram Goldman M. D.</u>		23B. ADDRESS <u>206 S. Calver St.</u>		23C. DATE SIGNED <u>11/27/52</u>	
--	--	--	--	-------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11/29/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Louison Park</u>		24D. LOCATION (City, town, or county) (State) <u>Balto., Md.</u>	
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DATE RECEIVED BY LOCAL REGISTRAR <u>Nov 28 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Edm. J. Tichner & Sons</u>		ADDRESS <u>Balto 17, Md.</u>	
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7

100-100000

CERTIFICATE OF DEATH

100-100000

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth	
6. Date of death		7. Place of death		8. Cause of death		9. Manner of death		10. Signature of physician	
11. Signature of registrar		12. Signature of informant		13. Signature of witness		14. Signature of funeral director		15. Signature of undertaker	
16. Signature of coroner		17. Signature of medical examiner		18. Signature of pathologist		19. Signature of toxicologist		20. Signature of other	
21. Signature of other		22. Signature of other		23. Signature of other		24. Signature of other		25. Signature of other	
26. Signature of other		27. Signature of other		28. Signature of other		29. Signature of other		30. Signature of other	
31. Signature of other		32. Signature of other		33. Signature of other		34. Signature of other		35. Signature of other	
36. Signature of other		37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other		45. Signature of other	
46. Signature of other		47. Signature of other		48. Signature of other		49. Signature of other		50. Signature of other	
51. Signature of other		52. Signature of other		53. Signature of other		54. Signature of other		55. Signature of other	
56. Signature of other		57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other		65. Signature of other	
66. Signature of other		67. Signature of other		68. Signature of other		69. Signature of other		70. Signature of other	
71. Signature of other		72. Signature of other		73. Signature of other		74. Signature of other		75. Signature of other	
76. Signature of other		77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other		85. Signature of other	
86. Signature of other		87. Signature of other		88. Signature of other		89. Signature of other		90. Signature of other	
91. Signature of other		92. Signature of other		93. Signature of other		94. Signature of other		95. Signature of other	
96. Signature of other		97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

CERTIFICATE CORRECTED 12-11-52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10843
Registered No.

52 10843

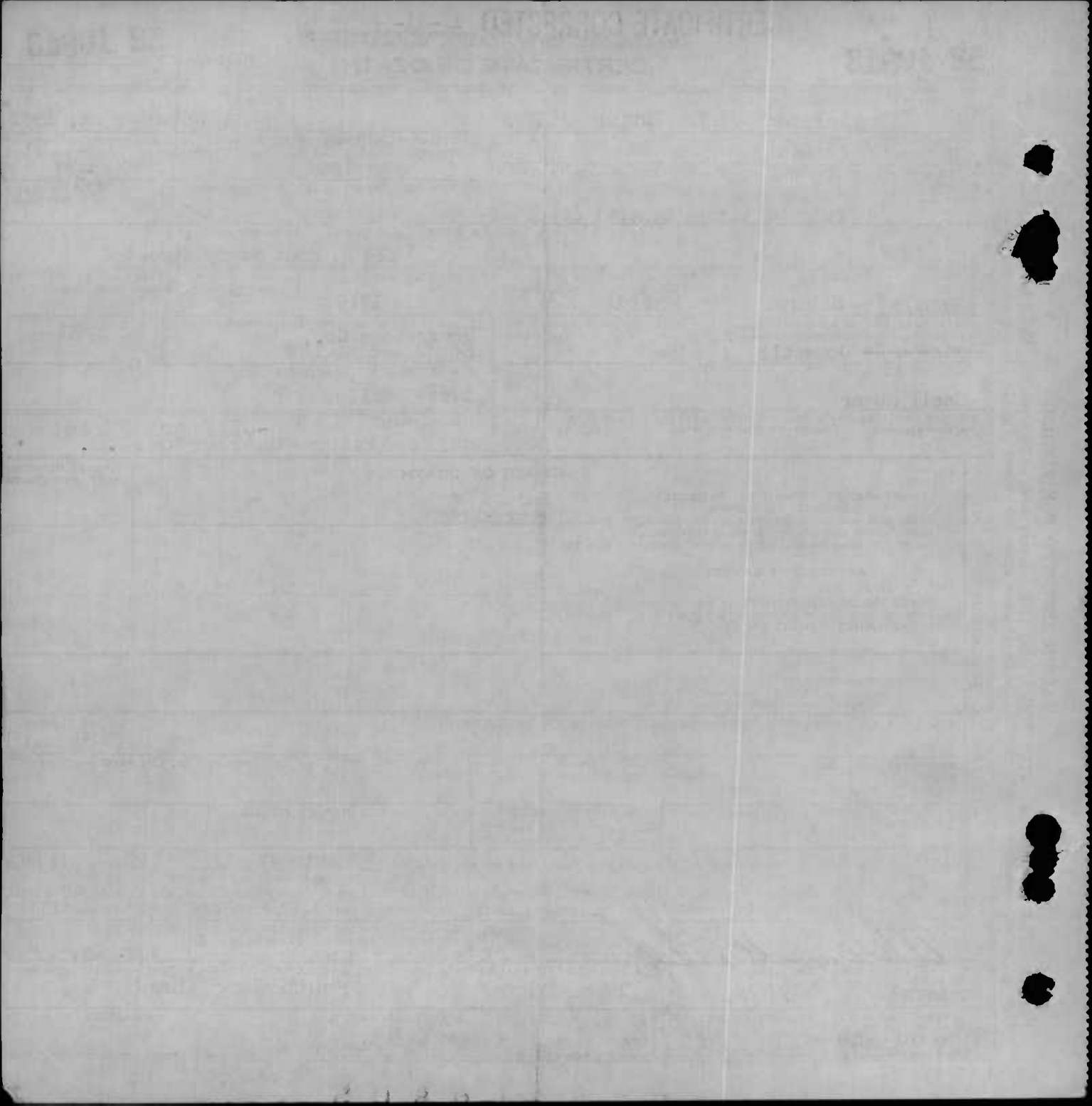
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Adeline JULIA Huger PORTER		2. DATE OF DEATH November 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 129 W. Montgomery Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1919
9. AGE (In years last birthday) 33		10. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Domestic		10B. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Georgetown Co. South Carolina		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Cecil Huger		14. MOTHER'S MAIDEN NAME Sarah Philip	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT # 8-Clifford Street Louise Alston Charleston, S.C.			

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Fatty liver DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William H. Brown</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 25, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE II/29/30		24C. NAME OF CEMETERY OR CREMATORY Charleston	
				24D. LOCATION (City, town, or county) (State) South Carolina	

DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR J. L. Brown & Son 108 W Montgomery St	
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10814

Registered No.

52 10814

1. NAME OF DECEASED (Type or Print) Alvin V. Acree Sr.			2. DATE OF DEATH Nov. 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1410 Clarkson St.			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1410 Clarkson St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 1, 1878	9. AGE (In years last birthday) 74	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Unknown Acree			14. MOTHER'S MAIDEN NAME Unknown Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. Spanish American		17. INFORMANT ADDRESS Alvin V. Acree Jr.-127 Greenland Rd.	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral hemorrhage DUE TO ANTECEDENT CAUSES (B) General arterio sclerosis DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH Immediate ?		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/5/52 , 19 52 , to 11/27/ , 19 52 that I last saw the deceased alive on 11/25/ , 19 52 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harry Deibel		23B. ADDRESS M. D. 1226 Hanover St.		23C. DATE SIGNED 11/28/52.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-I-52		24C. NAME OF CEMETERY OR CREMATORY Balto. U. S. National	
24D. LOCATION (City, town, or county) (State) 550I Frederick Rd. Md.					
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. Cooke Inc. - 1217 St. Paul St.	

VS 150

51024

52 10815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10815

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR C. LAYTON

2. DATE
OF
DEATH

NOV 28, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

a. STATE

b. COUNTY

before admission)

MARYLAND

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

BOW SECOURS HOSP.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

d. STREET ADDRESS (If rural, give location)

211 HOPKINS RD.

c. Length of stay in Baltimore

67

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR or RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

10/17/85

9. AGE (In years
last birthday)

67

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

DETECTIVE

10b. KIND OF BUSINESS OR
INDUSTRYRacing Commission &
Maryland Race Tracks

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

CHARLES W LAYTON

14. MOTHER'S MAIDEN NAME

Elizabeth
ARTHUR15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

219-30-3499

17. INFORMANT

ADDRESS

Mrs. Arthur W. Layton, 211 Hopkins Road

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH443X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) HYPERTENSIVE CARDIOVASCULAR DISEASE 10 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 18, 1952, to NOV. 28, 1952, that I last saw the deceased alive on NOV. 28, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE

William A. Pillsbury

M. D.

23b. ADDRESS

Bow Secours Hosp

23c. DATE SIGNED

11-28-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

Dec. 1, 1952

24c. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24d. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

FURNERAL DIRECTOR

Phyllis Lamoran

ADDRESS

4510 Liberty
Heights Ave.

OS 1001

OS 1001

OS 1001

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10816**C-200
52 10816
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WOODROW COOK			2. DATE OF DEATH November 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 20-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
c. Length of stay in Baltimore 6 Yrs. 15 Days			D. STREET ADDRESS (If rural, give location) 206 N. Monroe St.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 20 Mar 1925	9. AGE (In years last birthday) 26	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator operator		10B. KIND OF BUSINESS OR INDUSTRY Falconer Co.	11. BIRTHPLACE (State or foreign country) Gastonia, N. C.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Sherman Cook			14. MOTHER'S MAIDEN NAME Mary McNeil		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes II 7 March 1944		16. SOCIAL SECURITY NO. 238-32-8459	17. INFORMANT ADDRESS Carrie Rowe 620 N. Payson Street		
18. E 981X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Exsanguination due to gunshot wound of the liver and stomach			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) tavern		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Half Moon Tavern, 1948 Loretta Ave.	
21D. TIME (Month) (Day) (Year) of INJURY November 27, 1952 m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Shot in a gun fight	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE R. B. O. ishe		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 28, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-3-52	24C. NAME OF CEMETERY OR CREMATORY Pleasant Grove	24D. LOCATION (City, town, or county) (State) Gastonia, N. C.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Charles R. Law 802 Madison Ave.			

ALSO 50

1918

1918

3180

Moses Cohen
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

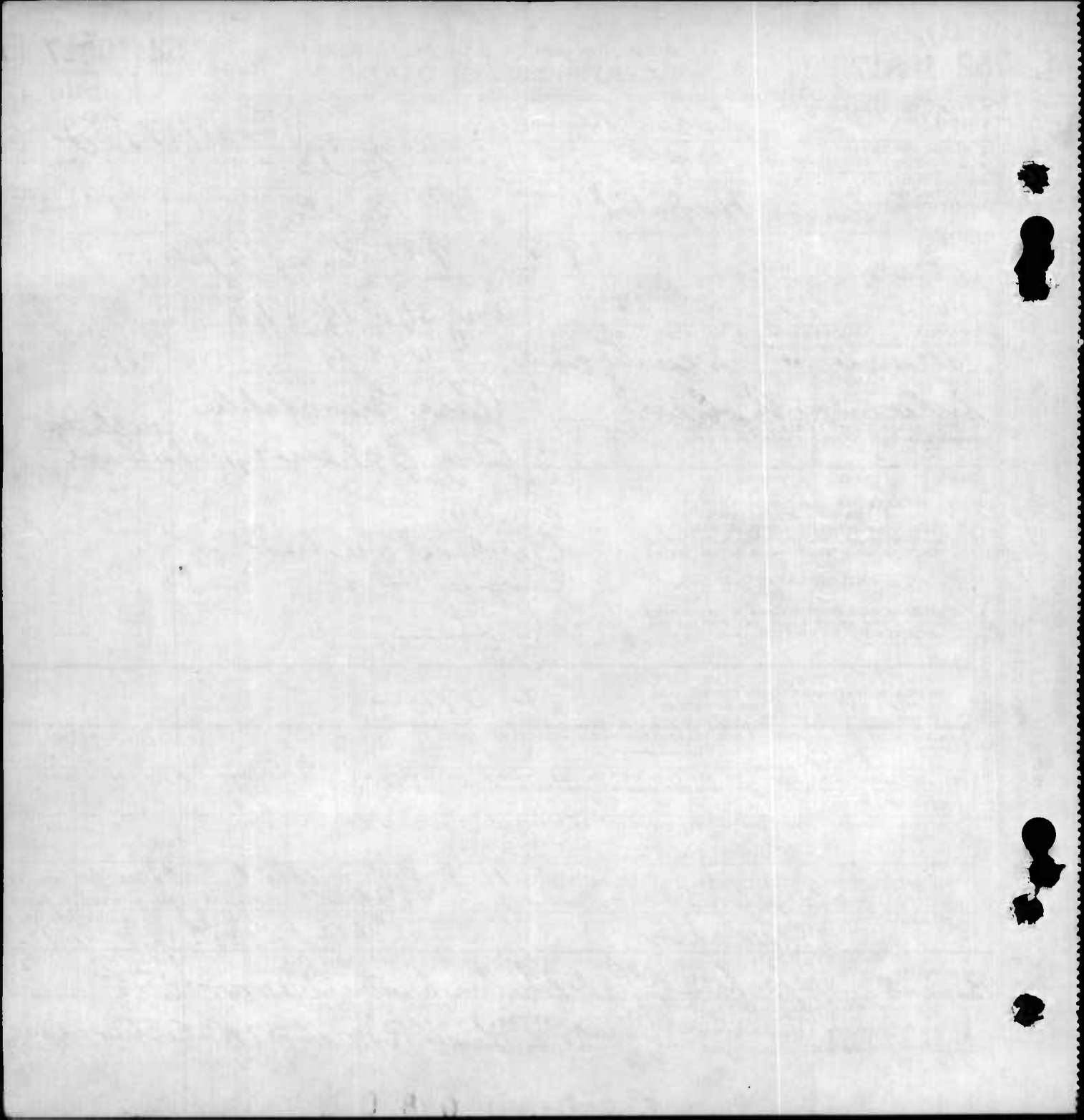
52 10817
Registered No.

500
52 10817
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Laken Moses. -</i>			2. DATE OF DEATH <i>11/27/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Balto.</i> COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sevair Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write TOWNSHIP and give township) <i>Balto</i>		
c. Length of stay in Baltimore <i>78</i> Yrs. <i>11</i> Mos. <i>2</i> Days			D. STREET ADDRESS (If rural, give location) <i>141 Lake Apts. Seville</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Aug 31, 1874</i>	9. AGE (In years last birthday) <i>78</i>	10. Under 1 Year Months: Days: Hours: Min. <i>2 27</i>
10A. USUAL OCCUPATION (Give kind of work preceding most of working life, even if retired) <i>Saleman</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Security Guard</i>		
13. FATHER'S NAME <i>Solomon Cohen</i>			14. MOTHER'S MARRIAGE NAME <i>Rosa Trinsfelder</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>Edna Cohen 741 Lake Ave</i>			18. <i>4201</i>		

18. <i>4201</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>S.C.V.D. -</i>			
ANTECEDENT CAUSES		DUE TO <i>Cardiac Failure. -</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Cerebral H. H. -</i>			
		DUE TO _____			
		(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>B.P.H. -</i>			

19A. DATE OF OPERATION <i>NO</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-5-52</i> to <i>11-27</i> , 1952 that I last saw the deceased alive on <i>11-26</i> , 1952 and that death occurred at <i>4:30 pm</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>Sevair. Hosp. - 11/27/52</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/30/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Ches. Shalom Cemetery</i>	
24D. LOCATION (City, town or county) <i>St</i>		25. FUNERAL DIRECTOR <i>David R. Martin</i>		ADDRESS <i>1702 E. Fair place</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 29 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			



PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

455
52 10818

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

2320

Registered No. 52 10818

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES HILLMAN

2. DATE
OF
DEATH

11/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

3406 ald Rd

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Bald Md 15-38

D. STREET ADDRESS (If rural, give location)

3406 ald Rd

c. Length of stay in Baltimore

62 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 4, 1873

9. AGE (In years last birthday)

79

10 Under 1 Year Months: Days

3 23

11 Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Mgr of Metro Inc

11. BIRTHPLACE (State or foreign country)

Baranica

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Samuel Hillman

14. MOTHER'S MAIDEN NAME

Rebecca Bohan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Pauline Hillman 3406 ald Rd

18.

141X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of Tongue

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

1953

19b. MAJOR FINDINGS OF OPERATION

Carcinoma of tongue

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945 to 11/29/52, 19, that I last saw the deceased alive on 11/26, 19, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Michael Brown

23b. ADDRESS

730 N. Howard St.

23c. DATE SIGNED

11-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

11/30/52

24c. NAME OF CEMETERY OR CREMATORY

Bald Hebrew Cemetery

24d. LOCATION (City, town, or county)

Bald Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 29 1952

REGISTRAR'S SIGNATURE

H. H. Williams

25. FUNERAL DIRECTOR

David R. Masten 1902 Entaw place

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Health Officer		15. Signature of Burial Officer	
16. Signature of Undertaker		17. Signature of Funeral Home		18. Signature of Cemetery		19. Signature of Burial Place		20. Signature of Burial Date	
21. Signature of Burial Time		22. Signature of Burial Location		23. Signature of Burial Direction		24. Signature of Burial Orientation		25. Signature of Burial Orientation	
26. Signature of Burial Orientation		27. Signature of Burial Orientation		28. Signature of Burial Orientation		29. Signature of Burial Orientation		30. Signature of Burial Orientation	
31. Signature of Burial Orientation		32. Signature of Burial Orientation		33. Signature of Burial Orientation		34. Signature of Burial Orientation		35. Signature of Burial Orientation	
36. Signature of Burial Orientation		37. Signature of Burial Orientation		38. Signature of Burial Orientation		39. Signature of Burial Orientation		40. Signature of Burial Orientation	
41. Signature of Burial Orientation		42. Signature of Burial Orientation		43. Signature of Burial Orientation		44. Signature of Burial Orientation		45. Signature of Burial Orientation	
46. Signature of Burial Orientation		47. Signature of Burial Orientation		48. Signature of Burial Orientation		49. Signature of Burial Orientation		50. Signature of Burial Orientation	
51. Signature of Burial Orientation		52. Signature of Burial Orientation		53. Signature of Burial Orientation		54. Signature of Burial Orientation		55. Signature of Burial Orientation	
56. Signature of Burial Orientation		57. Signature of Burial Orientation		58. Signature of Burial Orientation		59. Signature of Burial Orientation		60. Signature of Burial Orientation	
61. Signature of Burial Orientation		62. Signature of Burial Orientation		63. Signature of Burial Orientation		64. Signature of Burial Orientation		65. Signature of Burial Orientation	
66. Signature of Burial Orientation		67. Signature of Burial Orientation		68. Signature of Burial Orientation		69. Signature of Burial Orientation		70. Signature of Burial Orientation	
71. Signature of Burial Orientation		72. Signature of Burial Orientation		73. Signature of Burial Orientation		74. Signature of Burial Orientation		75. Signature of Burial Orientation	
76. Signature of Burial Orientation		77. Signature of Burial Orientation		78. Signature of Burial Orientation		79. Signature of Burial Orientation		80. Signature of Burial Orientation	
81. Signature of Burial Orientation		82. Signature of Burial Orientation		83. Signature of Burial Orientation		84. Signature of Burial Orientation		85. Signature of Burial Orientation	
86. Signature of Burial Orientation		87. Signature of Burial Orientation		88. Signature of Burial Orientation		89. Signature of Burial Orientation		90. Signature of Burial Orientation	
91. Signature of Burial Orientation		92. Signature of Burial Orientation		93. Signature of Burial Orientation		94. Signature of Burial Orientation		95. Signature of Burial Orientation	
96. Signature of Burial Orientation		97. Signature of Burial Orientation		98. Signature of Burial Orientation		99. Signature of Burial Orientation		100. Signature of Burial Orientation	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 108d9BIRTH NO. 4601. NAME OF DECEASED
(Type or Print)SOLMILLER2. DATE
OF
DEATH11/28/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Sinai Hospital
Brookway Monument St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt

D. STREET ADDRESS (If rural, give location)

Linden Ave. Lake Drive

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Insurance

8. DATE OF BIRTH

11/16/1889

9. AGE (in years last birthday)

6311 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balt

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Jacob Miller

14. MOTHER'S MAIDEN NAME

Henrietta Henderson15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)NoNo

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Louise E. Miller Rennie apt 1D

18.

470.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) A.S. CVI

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17, 1952 to 11-28, 1952 that I last saw the deceased alive on 11-28, 1952 and that death occurred at 10 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward Balaban

M.D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

11-28-52

24A. DATE

11/30/52

24B. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24C. LOCATION (City, town, or county)

Greenmount Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

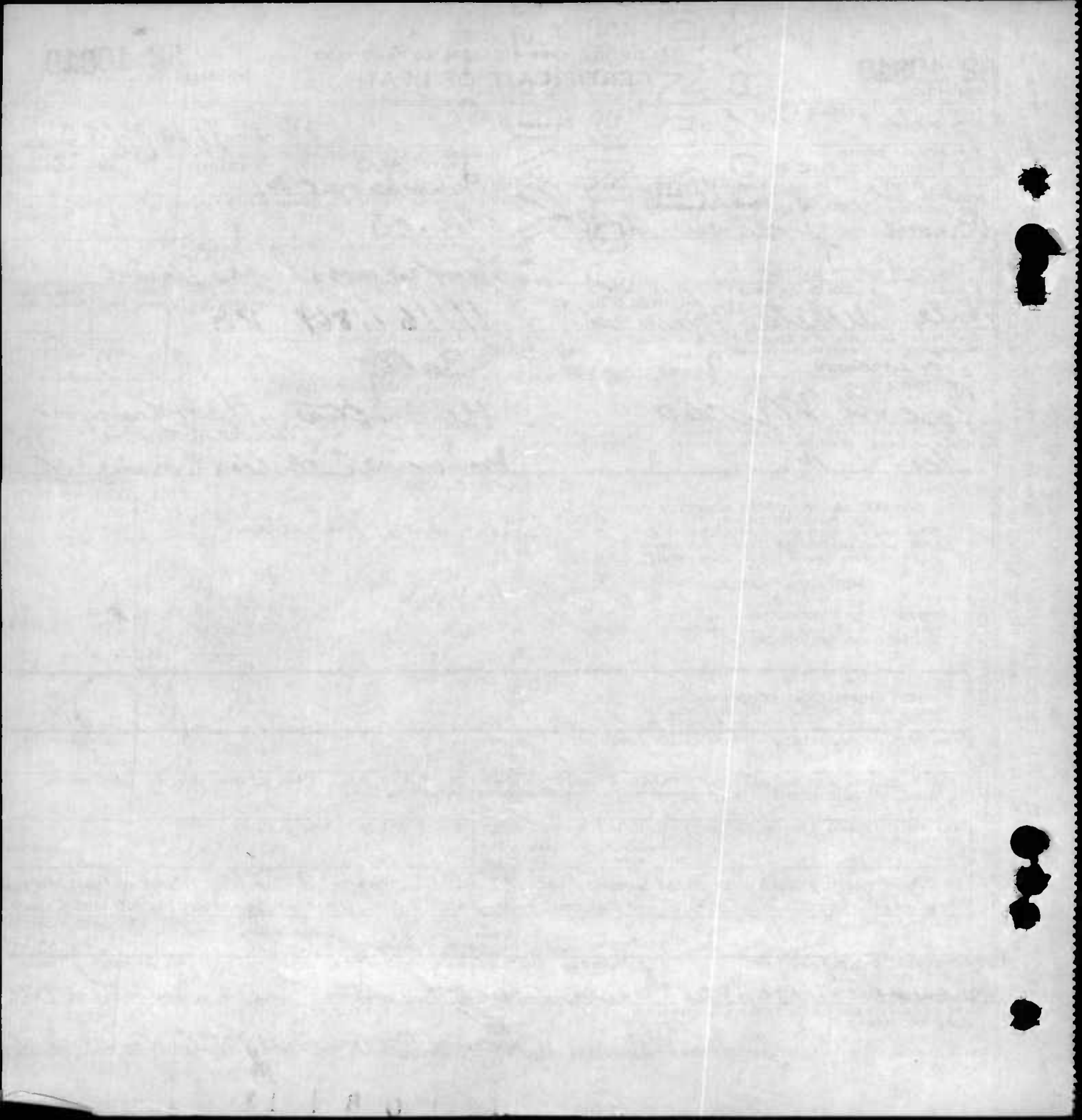
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

1902 Eutaw place

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10820

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Willie Byrd			2. DATE OF DEATH Nov-22-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2429 Woodbrook Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 14 Yrs.			D. STREET ADDRESS (If rural, give location) 2429 Woodbrook Avenue		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar-3-1898	9. AGE (in years last birthday) 54	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Skill Laborer			10B. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (State or foreign country) Wineboro S.C.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Walter Byrd			ADDRESS 1826 West Lexington St		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 11-22-52		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION None			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 11/22/52 , 19 52 , to 11/22/52 , 19 52 , that I last saw the deceased alive on 11/22/52 , and that death occurred at 4:40 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Huntington Williams			23B. ADDRESS 1131 Harlem Avenue		
23C. DATE SIGNED 11-22-52					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/29/1952	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park		24D. LOCATION (City, town, or county) (State) Arbutus Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Walter Byrd	
VS 150		ADDRESS 1000 Brantly Ave			

97024

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10821**BIRTH NO. **52 10821** **29-08400**1. NAME OF DECEASED
(Type or Print) **Michael Mackall**2. DATE
OF
DEATH **11.25.52.**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE **Maryland** B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION **Baltimore City Hospital**
4940 Eastern AveC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)c. Length of stay in Baltimore **Life**
Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
5603 Dove Ct.5. SEX
Male6. COLOR OR RACE
Negro7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single8. DATE OF BIRTH
April 23, 19499. AGE (in years last birthday) **3**
If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?13. FATHER'S NAME
Carol Harden14. MOTHER'S MAIDEN NAME
Dorthy Mackall15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals Records
4940 Eastern Ave18. **097X 1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Infectious Hepatitis****2 Weeks**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11.19**, **1952**, **11.25**, **1952**, that I last saw the
deceased alive on **11.25**, **1952**, and that death occurred at **7.19P** m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. [Signature]

M. D.

Baltimore City Hospitals
4940 Eastern Ave Records

23C. DATE SIGNED

11.27.5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

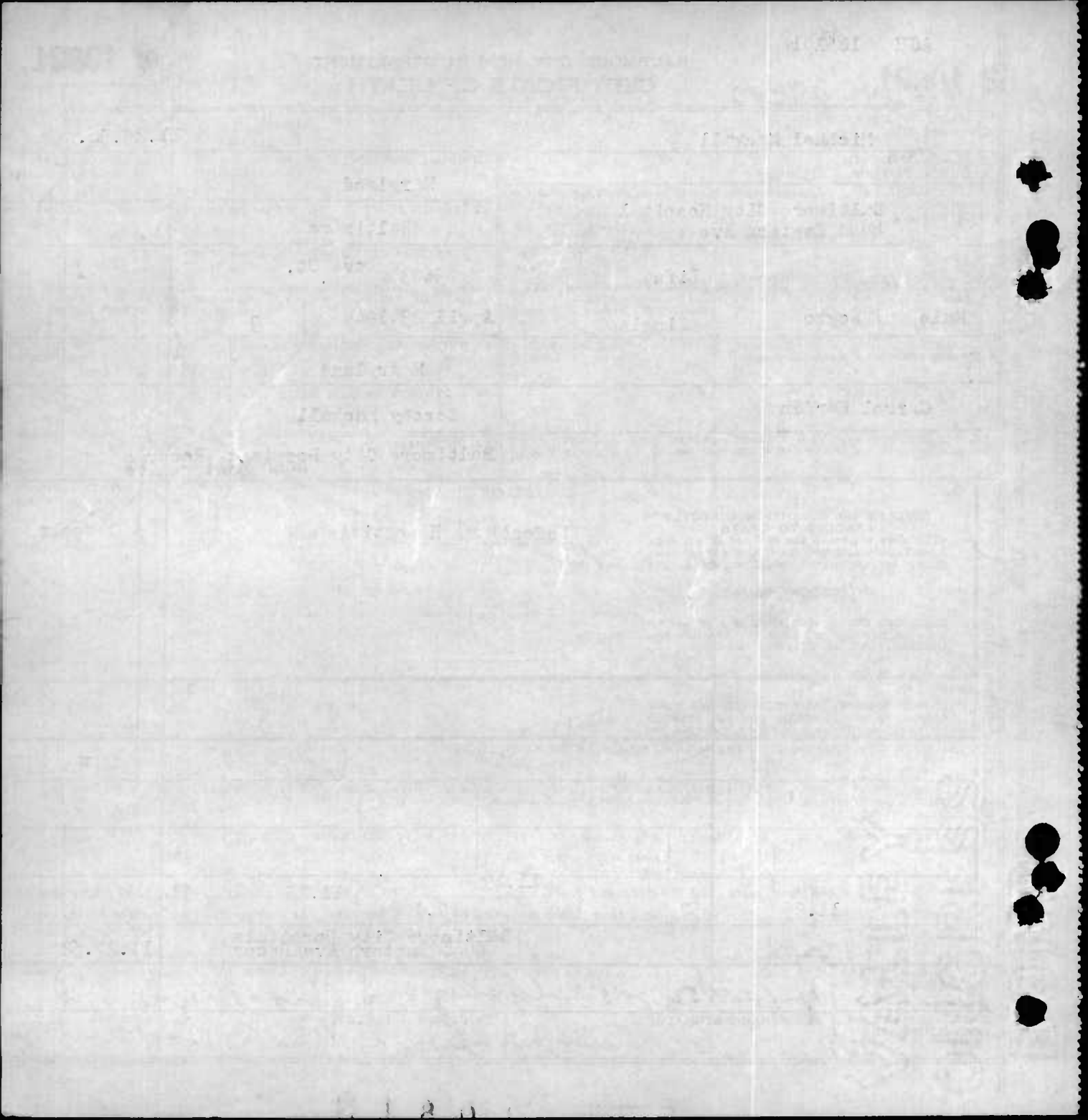
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10822**

250
52 10822

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ellen Syson			2. DATE OF DEATH 11-28-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto. City		
c. Length of stay in Baltimore 14 yrs			D. STREET ADDRESS (If rural, give location) 1131 Dorn ST.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-9-1893		9. AGE (In years last birthday) 59
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Wadesboro N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm. D. Ingram			14. MOTHER'S MAIDEN NAME Sallie Myles N.C.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Elva Lee Ingram 2029 Bunt St.		

18. 447x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Antecedent Causes	CAUSE OF DEATH (A) Hypertensive Cardio - DUE TO vascular renal disease (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH 6 years
--	--	--

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1946 to 11.28. , 1952, that I last saw the deceased alive on 11.28. , 1952 and that death occurred at 12:15 p.m., from the causes and on the date stated above.		
23A. SIGNATURE Jones D. Carr	23B. ADDRESS 1429 Madison Ave	23C. DATE SIGNED 11.29.52

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 12-3-52	24C. NAME OF CEMETERY OR CREMATORY Liles Cern.	24D. LOCATION (City, town, or county) (State) Liles Vile N.C.
DATE RECEIVED BY LOCAL REGISTRAR Nov 29 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. H. Jackson	

VS 150

5 270208A 8 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1941

1st Born 25
2nd Born 24

3rd Born 23

4th Born 22

The case was applied. Every item of information should be applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10823

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK ENNIS MATTHEWS

2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

?

B. DATE OF BIRTH

Feb. 12, 1909

9. AGE (In years
last birthday)

43

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Truck driver

10B. KIND OF BUSINESS OR
INDUSTRY

Trucking

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

J. A. Matthews

14. MOTHER'S MAIDEN NAME

Flora Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

- yes

16. SOCIAL
SECURITY NO.
237-05-7491

17. INFORMANT

ADDRESS

Hosp Records

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/28, 1954 to 11/28, 1954, that I last saw the deceased alive on 11/28, 1954, and that death occurred at 9 PM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

11/29/52

24C. NAME OF CEMETERY OR CREMATORY

Oakwood Cem.

24D. LOCATION (City, town, or county) (State)

Raleigh, N.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 29 1952

VS 150

Huntington Williams, M.D. & Son
 1952 068352
 Bath. 17, Md.

100

C-325
52 10824

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10824

BIRTH NO.		2. DATE OF DEATH November 28, 1952	
1. NAME OF DECEASED (Type or Print) CORA ARMIGER CUTCHIN		3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 3936 Norfolk Ave.	
c. Length of stay in Baltimore Yrs. Mos. Days		5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH May 11, 1873		9. AGE (In years last birthday) 79	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thomas S. Armiger		14. MOTHER'S MAIDEN NAME Georgianna Duckett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT Mrs. Esther Moss - Arlington, Va.		ADDRESS	

18. E840x	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Craniocerebral injury	
DUE TO			
ANTECEDENT CAUSES		(B) Fracture of skull	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Liberty Hts. Ave. & Garrison Blvd.	
21D. TIME (Month) (Day) (Year) (Hour) November 24, 1952 12:15 p.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by streetcar	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 28, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/1/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. STATE Md.		25. FUNERAL DIRECTOR Wm. J. Tichener & Sons	
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS Balto 1-7, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

18th Nov 1944
1st Lt. J. H. Smith

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LENA SCHLAICH

2. DATE OF DEATH November 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

410 Poplar Grove Street

D. STREET ADDRESS (If rural, give location)

410 Poplar Grove Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 10, 1894

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days: Hours: Min.

6 M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Servant

10B. KIND OF BUSINESS OR INDUSTRY

Household

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Harry Schlaich

14. MOTHER'S MAIDEN NAME

Mabel Reichert

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-32-1104

17. INFORMANT

ADDRESS

Emil Reichert 410 Poplar Grove St

18. E 970.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

XXXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary occlusion

XXXXX

(C) Fracture of cervical vertebra

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

410 Poplar Grove Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Found: 11/25/52 6:15 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Apparently fell

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

Nov. 26, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

REMOVED

24B. DATE

11/24/52

24C. NAME OF CEMETERY OR CREMATORY

WILSON PARK

24D. LOCATION (City, town, or county)

Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. H. Shipput, Jr.

ADDRESS

1500 E. Pratt St

MARGIN RESERVED FOR BINDING

USE WHITE INK ONLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

In Document file letter from

Dr. William V. Lovitt, Jr.,

Asst. Medical Examiner

re correction

12/10/52 25

12-10-52

12/10/52

12/10/52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10826
Registered No. 52 10826

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY ELIZABETH SPENCER

2. DATE
OF
DEATH

11-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

CARROLL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE FINKSBURG

D. STREET ADDRESS (If rural, give location)

ROUTE #1

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

UNIVERSITY HOSPITAL

c. Length of stay in Baltimore

1 WEEK

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1883 FEB 27

9. AGE (In years last birthday)

69

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

CARROLL COUNTY, MD

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

JOHN ALLGIRE

14. MOTHER'S MAIDEN NAME

FRANCES LEPPA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

LLOYD E. SPENCER (SON)

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

ARTERIOSCLEROTIC CARDIOVASCULAR DIS.

DUE TO

54 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

AURICULAR FIBRILLATION

DUE TO

(C)

CEREBRAL EMBOLUS FROM MURAL THROMBUS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22 1952, to 11-29 1952, that I last saw the deceased alive on 11-29 1952, and that death occurred at 6:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John W. Looper Jr. M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11-29-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC. 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

BETHEL CEMETERY

24D. LOCATION (City, town, or county)

CARROLLTON

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN R. BYERS WESTMINSTER, MD

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY
HEADQUARTERS, WASHINGTON, D. C.

TO: THE SECRETARY OF THE ARMY
FROM: THE CHIEF OF THE ARMY
SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or official communication.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10827

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH EHEN SPENCER

2. DATE
OF
DEATH

NOV 28 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTO. CITY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

PROVIDENT HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MD

HARFORD

FALLSTON

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

FALLSTON

RURAL

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years,
last birthday)If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS FALLSTON

DANIEL J. SPENCER MD.

18. 331X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11-28, 1952, to _____, 19____, that I last saw the
deceased alive on 11-28, 1952, and that death occurred at 3 1/2 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

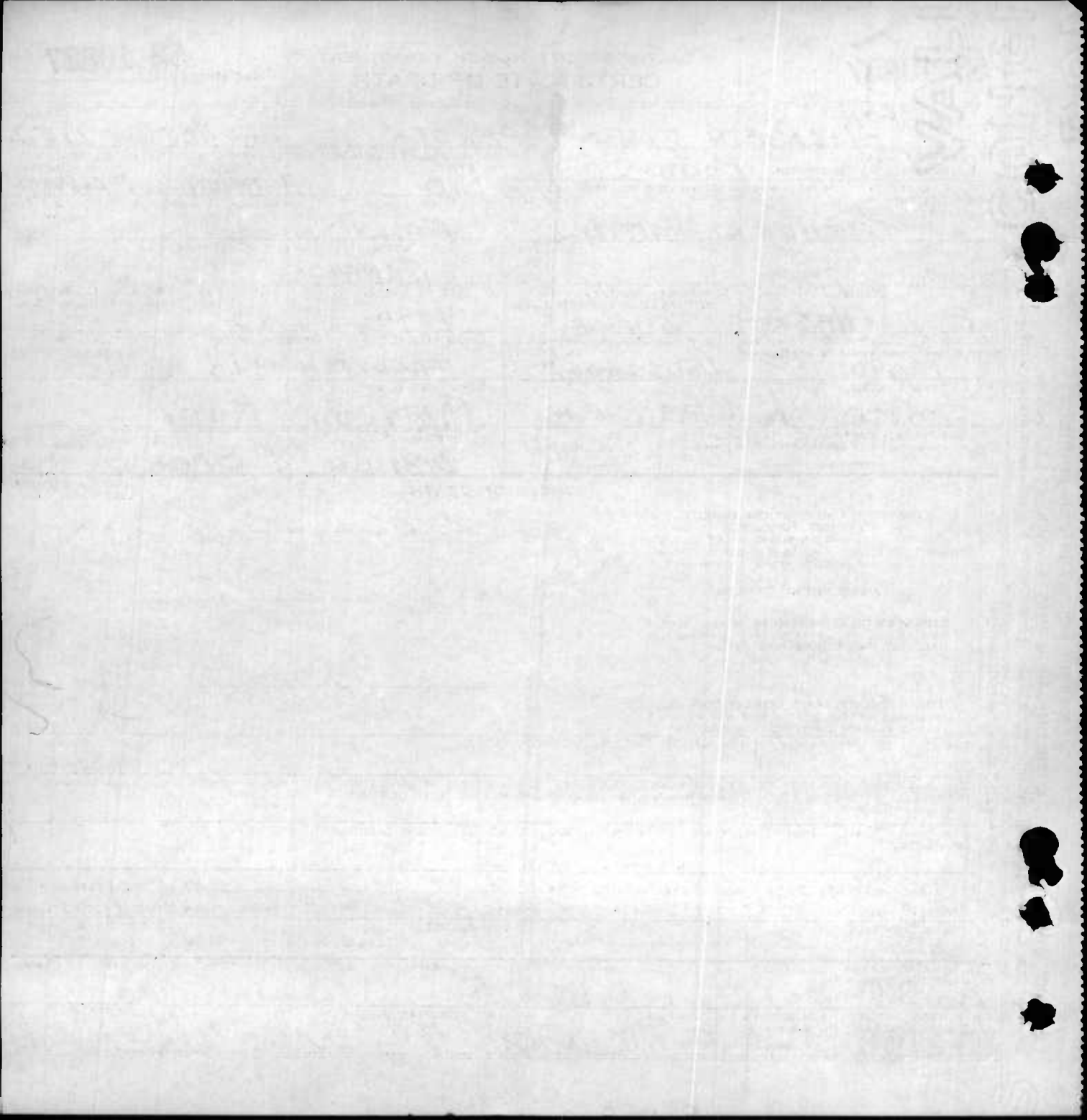
ADDRESS

VS 150

7200A

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING
PLEASE WRITE IN INK. Every item of information should be clearly and legibly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10828

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATHERINE R. PATTERSON

2. DATE
OF
DEATH

Nov. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1109 Argyle Ave.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1109 Argyle Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 4, 1886

9. AGE (In years
last birthday)

66

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Edward Pindle

14. MOTHER'S MAIDEN NAME

Martha Boston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Elvoren Reid

ADDRESS 1510 N.
Appleton St.

18.

33X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATHon yes
1

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1952, to 11-27, 1952, that I last saw the
deceased alive on 11-27, 1952, and that death occurred at 10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12-1-52

Mt. Auburn Cemetery

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 436

NOV 29 1952

Huntington Williams, M.D.

Jesse W. Raden W. Biddle

8200

8200

8200

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10829**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARJORIE

TRAVERS

2. DATE
OF
DEATH

November 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

653 W. Mulberry St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE. MARRIED.
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Daniel Ostern

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John Travers 653 W. Mulberry

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular
Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED November 28, 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 29 1952

Huntington Williams, M.D.

Mr. Francis A. Hunsley, Baltimore

07-28

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10830**BIRTH NO. **52 10830**1. NAME OF DECEASED
(Type or Print)**Murty Donnelly**2. DATE
OF
DEATH**11-28-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION**St. Agnes Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Our Lady's Victory Church Caton & Wilkens

c. Length of stay in Baltimore

LifetimeYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

6-7-18789. AGE (In years
last birthday)**74**10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY**Maintenance Man**

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

Michael Donnelly**Deceased**

14. MOTHER'S MAIDEN NAME

Anne Lynch**Deceased**15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-2**, 19**52**, to **11-28**, 19**52**, that I last saw the
deceased alive on **11-28**, 19**52**, and that death occurred at **8:50** p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

12-1-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Chas F. Evans & Son**118 W. Mt. Royal Ave.**

VS 150

55492

MARGIN RESERVED FOR BINDING

CASE WHEN APPLIED. The Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

10830

CERTIFICATE OF DEATH

10830

11-26-22

James C. ...
...
...
...
...

George ...

11-26-22

11-26-22
...

F. 655

52 10831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10831

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Armon H. Freeman

2. DATE
OF
DEATH

11-23-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

695 W. Mulberry St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 4-02

D. STREET ADDRESS (If rural, give location)

695- St. Mulberry St.

c. Length of stay in Baltimore

years

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

?? 1896

9. AGE (In years last birthday)

56

If Under 1 Year

Month: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Junking

10B. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Poley Freeman

14. MOTHER'S MAIDEN NAME

Mary Hard.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

243-12-0562

17. INFORMANT

Tiny Freeman - 128-A. Bolton N.C.

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardiovascular Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

11-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

11/30/52

24C. NAME OF CEMETERY OR CREMATORY

Huntington N.C.

24D. LOCATION (City, town, or county)

North Carolina

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Halstead - 918- David Hill

ADDRESS

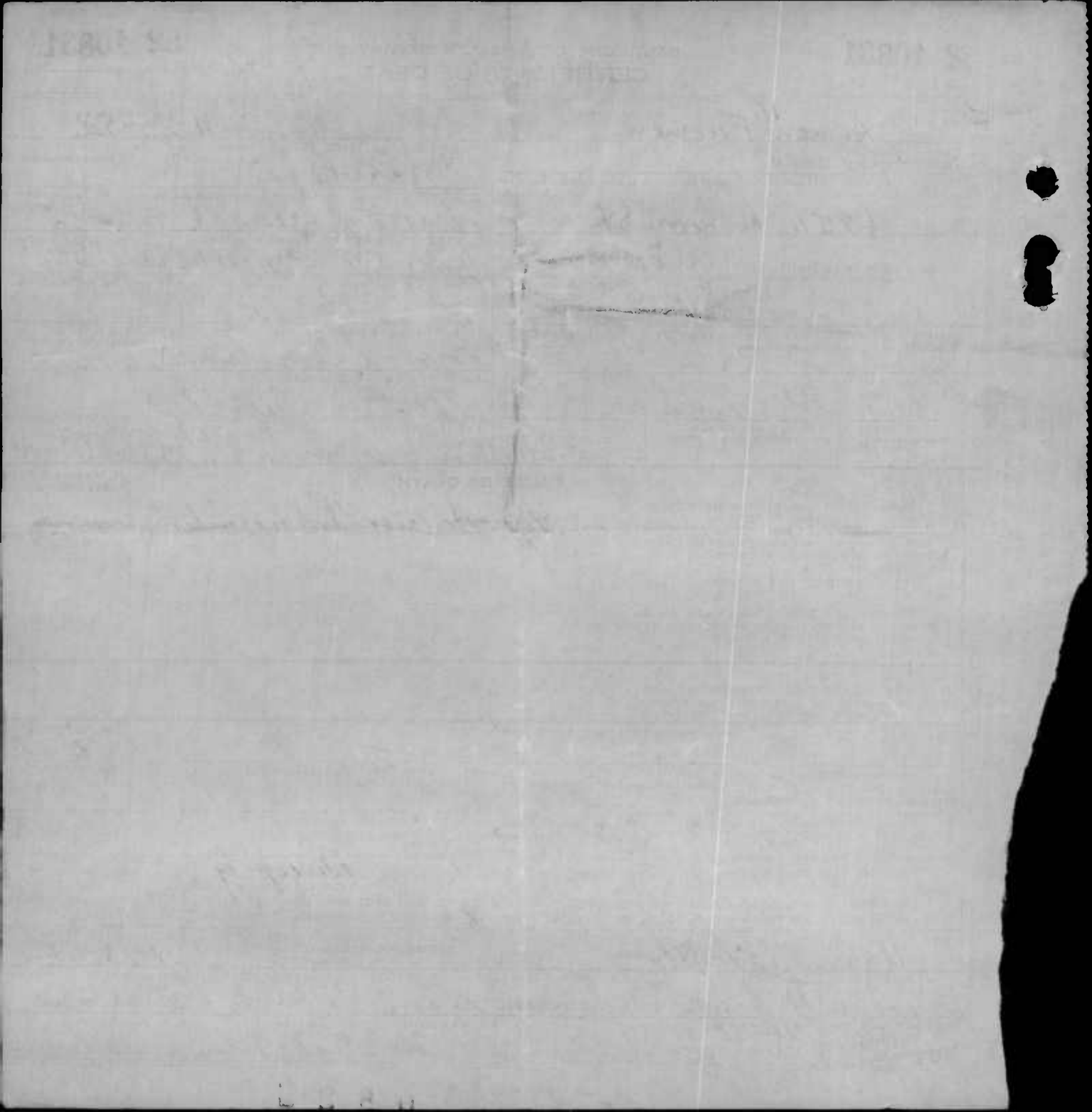
22068 0823

VS 151

ORIGINAL RESERVED FOR BINDING

WITH UNFADING INK. Every item of information should be carefully supplied. The original is important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



52 10832

BALTIMORE CITY HEALTH DEPARTMENT

52 10832

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. **MLB 164950** **52-27532**1. NAME OF DECEASED
(Type or Print)**Baby Boy Constance Carter**2. DATE
OF
DEATH**11-28-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1140 Argyle St

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

11-14-529. AGE (In years
last birthday)10. Under 1 Year
Months: Days**14 days**11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?**U. S. A.**

13. FATHER'S NAME

Ernest Williams

14. MOTHER'S MAIDEN NAME

Constance Carter15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NUMBER

17. INFORMANT

ADDRESS

Records: Baltimore City Hospitals
4940 Eastern Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Prematurity**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Diarrhea**

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-14**, 19**52** to **11-28**, 19**52** that I last saw the
deceased alive on **11-28**, 19**52**, and that death occurred at **6:08 A.M.** on the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams, M.D.

M. D.

23B. ADDRESS

4940 Eastern Ave, Balto. Md.

23C. DATE SIGNED

11-28-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/29/52

24C. NAME OF CEMETERY OR CREMATORY

Int. Auburn Cemet.

24D. LOCATION (City, town, or county)

Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

W. Halstead - 918 - Grand St.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased: _____

2. Sex: _____

3. Age: _____

4. Date of birth: _____

5. Place of birth: _____

6. Date of death: _____

7. Place of death: _____

8. Cause of death: _____

9. Signature of physician: _____

10. Signature of registrar: _____

11. Date of registration: _____

12. Registrar's office: _____

13. Registrar's name: _____

14. Registrar's address: _____

15. Registrar's telephone: _____

16. Registrar's fax: _____

17. Registrar's email: _____

18. Registrar's website: _____

19. Registrar's social media: _____

20. Registrar's contact information: _____

WALTON

52 10833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10833
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS JONES

2. DATE
OF
DEATH

11/26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

HOWARD

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Clarksville

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

FEB 1997

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FARMER

10B. KIND OF BUSINESS OR
INDUSTRY

TENANT FARMER

11. BIRTHPLACE (State or foreign country)

TENN

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

MARION JONES

14. MOTHER'S MAIDEN NAME

ISABELLE Mc DANIEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ROBERT LINDSAY, SUDBURY MD

ADDRESS

18.

143X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of the Floor of
the Mouth.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/7, 1952 to 11/26, 1952 that I last saw the
deceased alive on 11/26, 1952 and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Ray Pryor

M. O.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

11/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11-30-52

24C. NAME OF CEMETERY OR CREMATORY

LIBERTY

24D. LOCATION (City, town, or county) (State)

LISBON, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

F. H. GIBBON, ELICOTT CITY

ADDRESS

Md.

VS 150

10010

Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100-1001

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

DATE: 10/1/54

TO: DIRECTOR

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

B-450

52 10834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10834
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jacob BALAN

2. DATE
OF
DEATH NOV 28 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Md.
Baltimore 3-02

D. STREET ADDRESS (If rural, give location)

19 S. Exeter St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

4-16-97

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

unknown

10B. KIND OF BUSINESS OR
INDUSTRY

unknown

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Samuel Balan

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

527.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Bullem emphysema

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition

Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

m.

FILE AT

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from 11-5-1952 to 11-28-1952 that I last saw the
deceased alive on 11-28-1952 and that death occurred at 3:17 A. m., from the causes and on the date stated above.

22. SIGNATURE

Thomas Franklin Vallance

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

Meadow Road Cemetery

24D. LOCATION (City, town, or county)

Hunting Run Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Lewinson & Sons

ADDRESS

1126 W North ave

VS 150

19520010834

CERTIFICATE OF DEATH

DATE OF DEATH: 1981

CAUSE OF DEATH

1. (a) Immediate cause of death
(b) Intermediate cause of death
(c) Underlying cause of death
(d) Contributory cause of death
(e) Manner of death

2. (a) Date of death
(b) Time of death
(c) Place of death
(d) Name of physician
(e) Name of medical examiner

3. (a) Name of decedent
(b) Sex
(c) Age
(d) Race
(e) Marital status

4. (a) Name of informant
(b) Relationship to decedent
(c) Address of informant
(d) Signature of informant
(e) Date of completion

5. (a) Name of physician
(b) Signature of physician
(c) Date of completion

6. (a) Name of medical examiner
(b) Signature of medical examiner
(c) Date of completion

7. (a) Name of coroner
(b) Signature of coroner
(c) Date of completion

8. (a) Name of registrar
(b) Signature of registrar
(c) Date of completion

9. (a) Name of funeral home
(b) Signature of funeral home
(c) Date of completion

10. (a) Name of cemetery
(b) Signature of cemetery
(c) Date of completion

11. (a) Name of burial place
(b) Signature of burial place
(c) Date of completion

12. (a) Name of burial place
(b) Signature of burial place
(c) Date of completion

13. (a) Name of burial place
(b) Signature of burial place
(c) Date of completion

M-523
52 10835BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10835
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Mankowitz

2. DATE
OF
DEATH

November 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 831 Whitelock St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

831 Whitelock Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

831 Whitelock St

c. Length of stay in Baltimore

50 Yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

1873

9. AGE (In years last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Israel Mayer Swafff

14. MOTHER'S MAIDEN NAME

Sarah Belle ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 833

Mrs Gertrude Valenstein White Lock St

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/21, 1950, to 11/28, 1952, that I last saw the deceased alive on 11/28, 1952 and that death occurred at 3P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mickro Kodesh Cong Cemetery

24D. LOCATION (City, town, or county) (State)

Herring Run Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 30 1952

Huntington Williams, M.D.

Sol Lewinson, Bros North ave

VS 150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10836

BIRTH NO. 52 10836

1. NAME OF DECEASED (Type or Print) ZEILIK GREENSPUN			2. DATE OF DEATH 11-29-52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION 2530 East Fayette St			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-02		
c. Length of stay in Baltimore 39 Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 2530 E. Fayette St		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 6, 1883	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rabbi			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Russia			12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME Harry			14. MOTHER'S MAIDEN NAME Leah		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Ida Greenspun - Daughter			ADDRESS		

18. 002X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary Tuberculosis	
ANTECEDENT CAUSES	(B) —	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) —	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 11-30-52	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

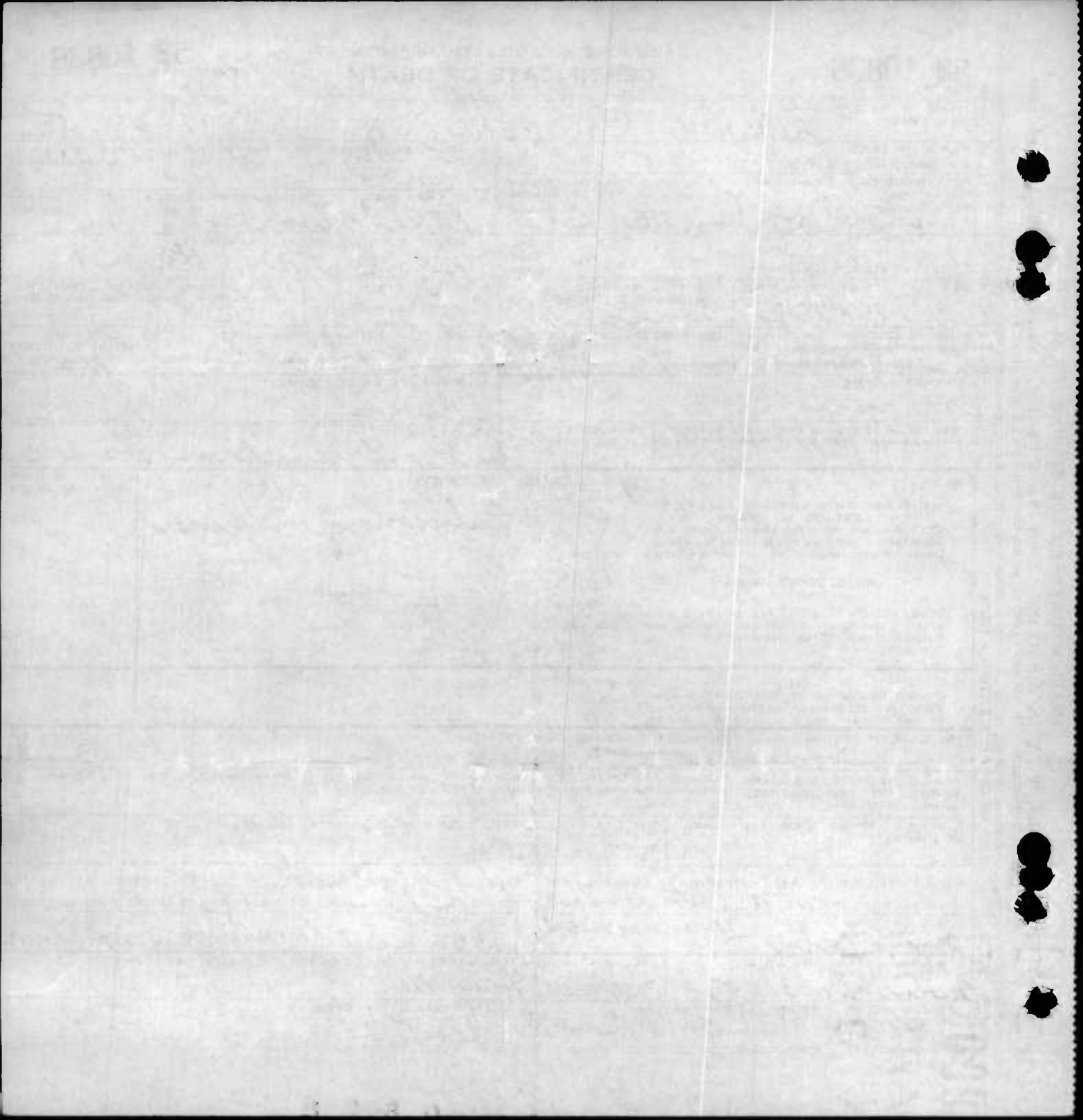
22. I hereby certify that I attended the deceased from **Nov. 1, 1949**, to **Nov. 15, 1952**, that I last saw the deceased alive on **Nov. 15, 1952**, and that death occurred at **7 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE Benjamin Kadon (for Herman Sidel)	23B. ADDRESS 2206 Eutaw Pl. Baltimore Md	23C. DATE SIGNED Nov. 29-1952
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 11-30-52	24C. NAME OF CEMETERY OR CREMATORY Hebrew-Young Men
24D. LOCATION (City, town, or county) Balto Md	25. FUNERAL DIRECTOR Jack Lewis	ADDRESS 2100 Eutaw Pl
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1952	REGISTRAR'S SIGNATURE Huntington Williams	

VS 150

009PW

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



E-465

52 10837

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10837

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Goldie Ellerin

2. DATE
OF
DEATH

11/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-19

D. STREET ADDRESS (If rural, give location)

4003 Glen Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

42

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Commerce Dept

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Government

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles Ellerin - Home

18.

193 X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A)

Basilar Artery Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Post-operative Complication

DUE TO

(C)

Excision of Brain tumor

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/20/52

19B. MAJOR FINDINGS OF OPERATION

Cerebellar Pontine Angle Tumor

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/19, 1952 to 11/29, 1952 that I last saw the deceased alive on 11/29, 1952 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles B. Adams

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

11/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11-30-52

Rosedale

Balto

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 30 1952

Huntington Williams, M. Jack Lewis

2100 Cutler Pl

VS 150

690 910 829

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be stated fully and legibly. The color of age is especially important. Physicians: please write the causes of death clearly and legibly.

1982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1982

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE OF DEATH

UNDERLYING CAUSE OF DEATH

IMMEDIATE CAUSE OF DEATH

UNDERLYING CAUSE OF DEATH

IMMEDIATE CAUSE OF DEATH

UNDERLYING CAUSE OF DEATH

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UNDERLYING CAUSE OF DEATH

IMMEDIATE CAUSE OF DEATH

UNDERLYING CAUSE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H. 160

52 10838

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10838

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) J. HARRY HAVEN	
2. DATE OF DEATH Nov. 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY 25-43	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2208 ANNAPOLIS Rd.	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE (30)	
D. STREET ADDRESS (if rural, give location) 2208 ANNAPOLIS Rd.	
c. Length of stay in Baltimore 69 years	
5. SEX Male	6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 7-15-1883	
9. AGE (In years last birthday) 69	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber	
10B. KIND OF BUSINESS OR INDUSTRY Self Employed	
11. BIRTHPLACE (State or foreign country) BALTO. Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JAMES HAVEN	
14. MOTHER'S MAIDEN NAME MARY WOOD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. NONE	
17. INFORMANT ADDRESS Mrs. RENNIE HAVEN 2208 ANNAPOLIS Rd	
18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Occlusion DUE TO (B) Arteriosclerosis cordis. DUE TO vascular disease (C) INTERVAL BETWEEN ONSET AND DEATH 2 hrs Unknown	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION - 0	
19B. MAJOR FINDINGS OF OPERATION -	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 8, 1952 to Nov 27, 1952 , that I last saw the deceased alive on Nov 27, 1952 , and that death occurred at 8:30 m., from the causes and on the date stated above.	
23A. SIGNATURE Robert H. ...	
23B. ADDRESS 1129 St. Paul St	
23C. DATE SIGNED Nov 27, 1952	
24A. BURIAL/CREMATION REMOVAL (Specify) Burial	
24B. DATE Dec. 1, 1952	
24C. NAME OF CEMETERY OR CREMATORY Louisa Park	
24D. LOCATION (City, town, or county) (State) BALTO. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1952	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR E. Truman Schwalb	
ADDRESS 3512 Frederick St	

VS 150

1952 5074 28 830

CERTIFICATE OF DEATH

RETURNED TO MONTHLY DEPARTMENT

1918

1918

1918

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>		<p>4. Date of birth</p>		<p>5. Date of death</p>		<p>6. Place of death</p>		<p>7. Cause of death</p>		<p>8. Signature of physician</p>		<p>9. Signature of registrar</p>		<p>10. Signature of witness</p>	
<p>11. Name of informant</p>		<p>12. Address of informant</p>		<p>13. Occupation of informant</p>		<p>14. Date of report</p>		<p>15. Date of filing</p>		<p>16. Date of registration</p>		<p>17. Date of burial</p>		<p>18. Date of cremation</p>		<p>19. Date of interment</p>		<p>20. Date of exhumation</p>	

A-535

52 10839

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10839

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN A. ANTHONY

2. DATE
OF
DEATH

Nov. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 233 N. Rose St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

6-02

D. STREET ADDRESS (If rural, give location)

233 N. Rose St.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

April 5, 1914

9. AGE (In years
last birthday)

38

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pipe Fitter

10B. KIND OF BUSINESS OR
INDUSTRY

Gas & Elec. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Anthony

14. MOTHER'S MAIDEN NAME

Margaret Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mary Anthony, wife, above

ADDRESS

18.

157x I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

CAUSE OF DEATH

Carcinoma Pancreas

INTERVAL BETWEEN
ONSET AND DEATH

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1951, to 11/27, 1952, that I last saw the
deceased alive on 11/27, 1952, and that death occurred at 5:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. Brady Smith

M. D.

23B. ADDRESS

Rivers Bend Rd.

23C. DATE SIGNED

11/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

NOV 30 1952

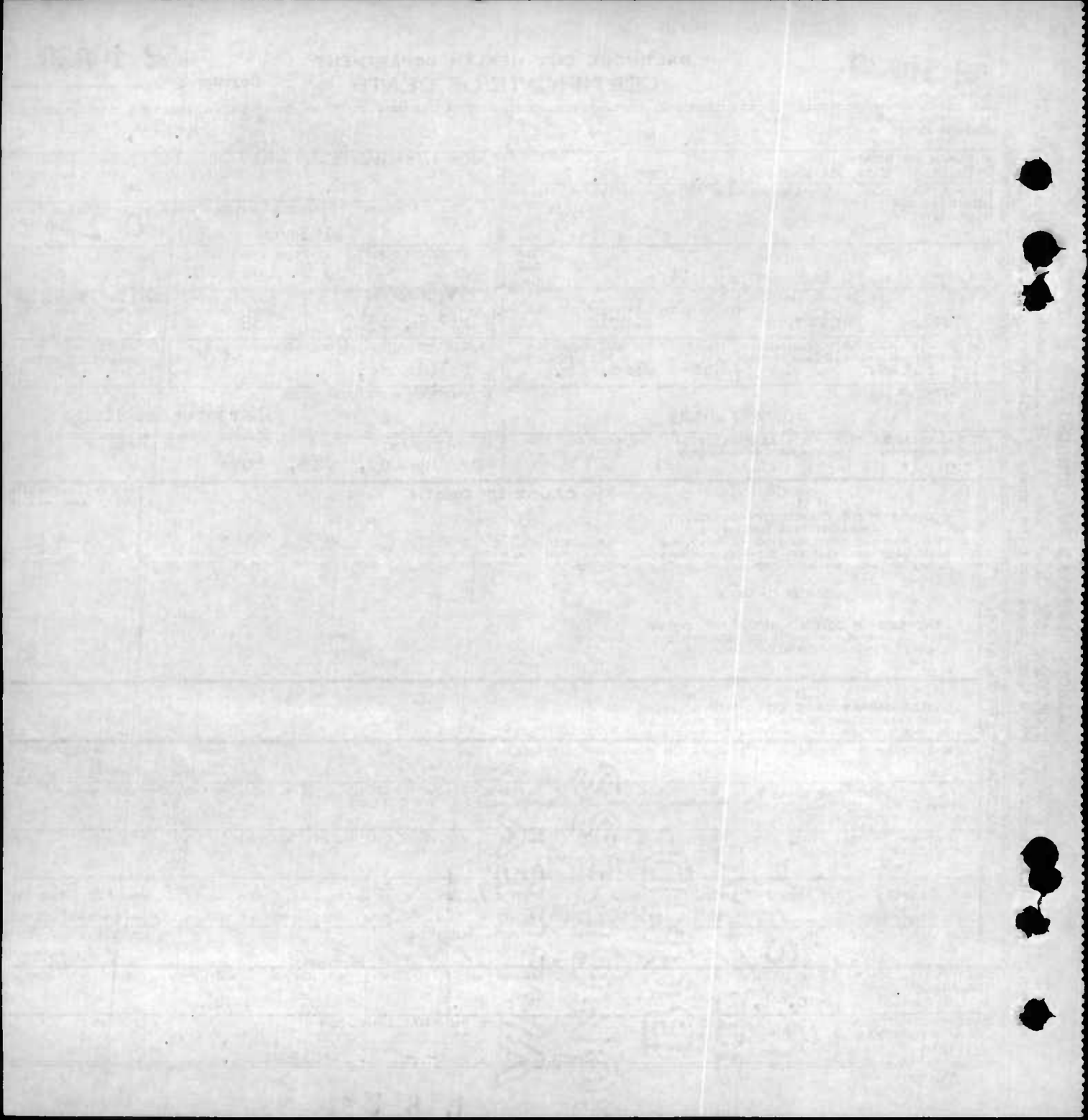
VS 150

5245E 831

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be legibly and fully stated. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



52 10840

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10840

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA COX

2. DATE
OF
DEATH

11/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1905 O'Dell Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY
Baltimore Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-34

D. STREET ADDRESS (If rural, give location)

1905 O'Dell Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH

June 12, 1889

9. AGE (In years
last birthday)

63

If Under 1 Year
Months Days Hours
5 1710A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jasper L. Shippard

14. MOTHER'S MAIDEN NAME

Unknown Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

F.T. Paul Fun. Home-Washington, N.C.

18. E 9020

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Subdural Hemorrhage
Multiple Fractures of
Ribs & STERNUM

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1905 O'DELL AVE

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

11 29 52 4 3/4 m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Fell out of bed at home

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

11/29/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Removal

24B. DATE

11-30-52

24C. NAME OF CEMETERY OR CREMATORY

Oakdale Cemetery

24D. LOCATION (City, town, or county)

Washington, North Carolina.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. - 1217 St. Paul St.

25. FUNERAL DIRECTOR

ADDRESS

NOV 30 1952

VS 151

N 8540. 0520010832

15 70840

15 70840



52 10841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10841
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA STANKA STONKO

2. DATE
OF
DEATH

NOV. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 6-05

D. STREET ADDRESS (If rural, give location)

1604 E. BALTIMORE ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

NOT KNOW

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

RUSSIAN

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

NOT KNOW

14. MOTHER'S MAIDEN NAME

NOT KNOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MR. MICHAEL STANKA E. BALTIMORE

18.

470.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

D. O. A.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

NO

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

NO

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at 10:20 P.M., 11/27/52, from the causes and on the date stated above.

23A. SIGNATURE

Theodore Kardash

M. D.

23B. ADDRESS

101 W. Bond St.

23C. DATE SIGNED

11/29/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC. 1-52

24C. NAME OF CEMETERY OR CREMATORY

HOLY TRINITY RUSSIAN

24D. LOCATION (City, town, or county)

ELK RIDGE, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. A. Greblianckas Jr 1905 E Pratt St.

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 0310833

NO. 1

NO. 1



M-632
52 10842BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10842

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH J. MURDOCK

2. DATE

OF DEATH II/28/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1323 Cambria Street

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1323 Cambria Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

4/3/94

9. AGE (In years
last birthday)

58

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Glass Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Own

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John J.

14. MOTHER'S MAIDEN NAME

Katherine Flynn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same.

18.

241 X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

myocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Bronchial asthma

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1952 to 11/28, 1952, that I last saw the
deceased alive on 11/27, 1952, and that death occurred at 9 A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

12/1/52

24C. NAME OF CEMETERY OR CEMATORY

Holy Cross

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 30 1952
VS 150

Huntington Williams, M.D.

James L. McCully - 130 E. Fort Avenue

69035

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

Sheet 52

Sheet 52



52 10843

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10843

1. NAME OF DECEASED (Type or Print) ANDREW KONOPACKI			2. DATE OF DEATH 11/29/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 935 Fell St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 2-03		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 935 Fell St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ✓	8. DATE OF BIRTH Not Known about 70		9. AGE (In years last birthday) about 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rag picking		10B. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME ✓			14. MOTHER'S MAIDEN NAME ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. ✓	17. INFORMANT ADDRESS E. Zmanski 935 Fell St		

18. 490x and 322.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) LOBAR PNEUMONIA		
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Chronic Alcoholism		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .				
23A. SIGNATURE R S Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED 11/29/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 1-1952	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	24D. LOCATION (City, town, or county) Balto. Co.	(State) Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. S. Fialkowski 2007 Eastern Ave.		

1945

OFFICE OF THE SECRETARY OF THE ARMY

WASHINGTON, D. C.

1945



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10844

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joshua Washington

2. DATE
OF
DEATH

Nov 30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

BATO

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Provident Hospt

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Reisterstown

D. STREET ADDRESS (If rural, give location)

Bond Ave 5200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

June 9 1901

9. AGE (In years
last birthday)

51

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

For Contractor

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Washington

14. MOTHER'S MAIDEN NAME

Matilda Diggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alverta Beard Reisterstown

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Curcuma of Stomach

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11/25, 1952, to 11/29, 1952, that I last saw the
deceased alive on 11/27, 1952, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D. Provident Hospital

11/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Dec 2, 52

Piner Grove

Baltimore Co

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 1 1952

Huntington Williams, M.D.

J. F. Eline + Sons Reisterstown Md

H-230

52 10845

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10845

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEN A HUSTY

2. DATE
OF
DEATH

11/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE WEST VIRGINIA V-45

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL FOR THE WOMEN OF MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

RIVESVILLE

D. STREET ADDRESS (If rural, give location)

Box 297

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6/9/01

9. AGE (In years
last birthday)

51

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

HUNGARY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

STEVE KEOACH

14. MOTHER'S MAIDEN NAME

ANNA POOR

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORDS.

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) BRONCHOPNEUMONIA

19 hrs 55 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) PORTAL CIRRHOSIS

1 yr.

(C) DUE TO ARTERIO SCLEROSIS HEART
DISEASE WITH MYOCARDIAL INSUFFICIENCY

20 MES.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/24/52

19B. MAJOR FINDINGS OF OPERATION

CIRRHOSIS OF LIVER.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 14 Nov. 1952, to 30 Nov. 1952, that I last saw the deceased alive on 30 Nov. 1952, and that death occurred at 4:55 A. M., from the causes and on the date stated above.

23A. SIGNATURE

W. P. Englehart

23B. ADDRESS

Hosp. in Women of Md.

23C. DATE SIGNED

11/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Shinnston Cemetery

24D. LOCATION (City, town, or county)

Fairmont W. Va

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 1 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

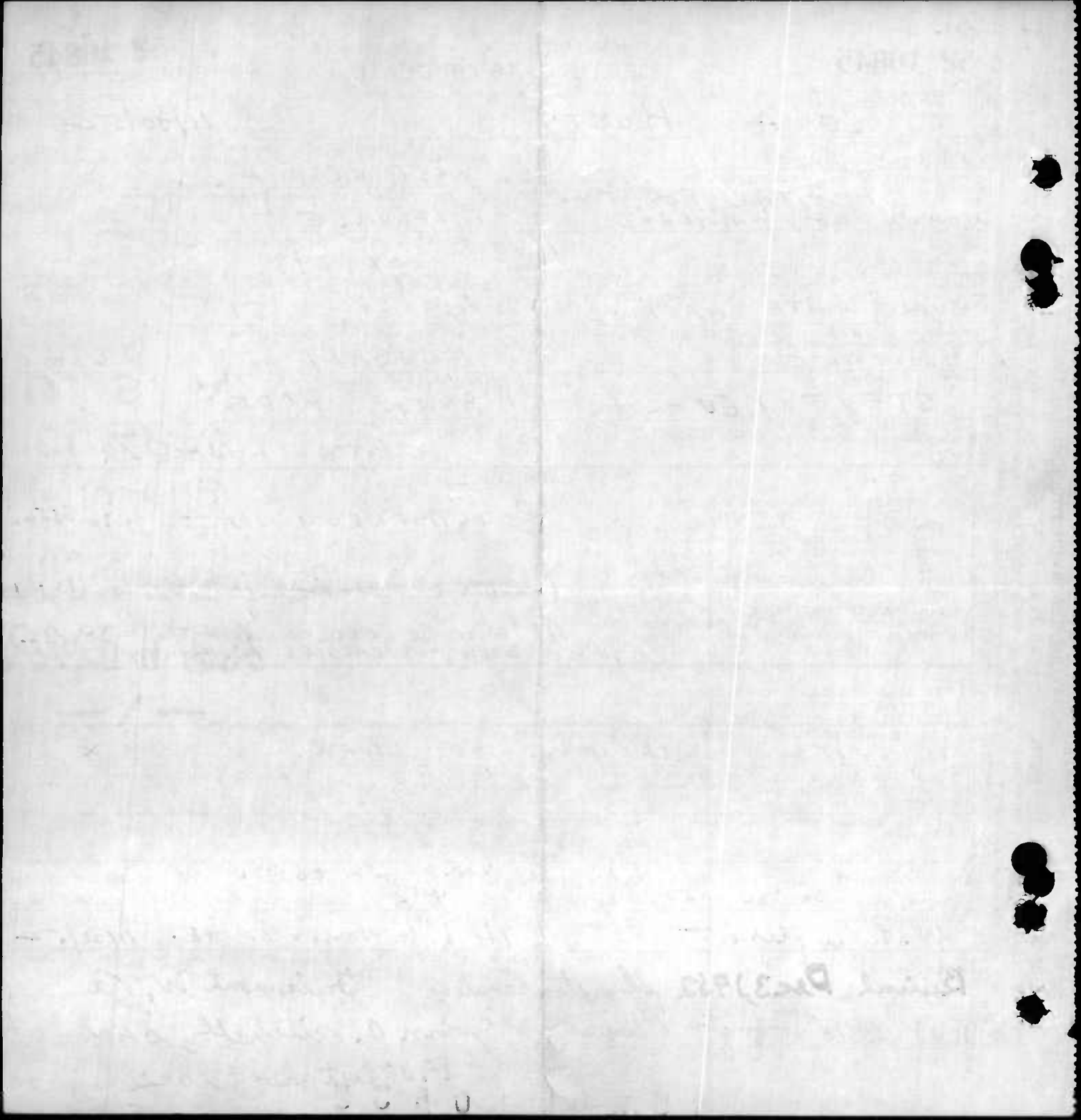
John O. Mitchell, Sons

ADDRESS

1900 Estaw Place

VS 150

19520010837



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 10846

52 10846

BIRTH NO.

52-28791

1. NAME OF DECEASED
(Type or Print)

Baby Girl Mehring

2. DATE
OF
DEATH

Nov. 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years)

If Under 1 Year

If Under 24 Hours

last birthday)

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

760.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29-1952 to 11-29-1952; that I last saw the deceased alive on 11-29-1952 and that death occurred at 8:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1918

CERTIFICATE OF DEATH



Cause of Death

1. Immediate Cause
2. Intermediate Cause
3. Underlying Cause
4. Contributing Cause
5. Manner of Death
6. Place of Death
7. Date of Death
8. Time of Death
9. Age at Death
10. Sex
11. Race
12. Marital Status
13. Occupation
14. Education
15. Religion
16. Ethnicity
17. Ancestry
18. Language
19. Country of Birth
20. Country of Residence
21. Country of Death
22. Country of Burial
23. Country of Cremation
24. Country of Interment
25. Country of Burial
26. Country of Cremation
27. Country of Interment
28. Country of Burial
29. Country of Cremation
30. Country of Interment

1. Immediate Cause
2. Intermediate Cause
3. Underlying Cause
4. Contributing Cause
5. Manner of Death
6. Place of Death
7. Date of Death
8. Time of Death
9. Age at Death
10. Sex
11. Race
12. Marital Status
13. Occupation
14. Education
15. Religion
16. Ethnicity
17. Ancestry
18. Language
19. Country of Birth
20. Country of Residence
21. Country of Death
22. Country of Burial
23. Country of Cremation
24. Country of Interment
25. Country of Burial
26. Country of Cremation
27. Country of Interment
28. Country of Burial
29. Country of Cremation
30. Country of Interment

1. Immediate Cause
2. Intermediate Cause
3. Underlying Cause
4. Contributing Cause
5. Manner of Death
6. Place of Death
7. Date of Death
8. Time of Death
9. Age at Death
10. Sex
11. Race
12. Marital Status
13. Occupation
14. Education
15. Religion
16. Ethnicity
17. Ancestry
18. Language
19. Country of Birth
20. Country of Residence
21. Country of Death
22. Country of Burial
23. Country of Cremation
24. Country of Interment
25. Country of Burial
26. Country of Cremation
27. Country of Interment
28. Country of Burial
29. Country of Cremation
30. Country of Interment

1. Immediate Cause
2. Intermediate Cause
3. Underlying Cause
4. Contributing Cause
5. Manner of Death
6. Place of Death
7. Date of Death
8. Time of Death
9. Age at Death
10. Sex
11. Race
12. Marital Status
13. Occupation
14. Education
15. Religion
16. Ethnicity
17. Ancestry
18. Language
19. Country of Birth
20. Country of Residence
21. Country of Death
22. Country of Burial
23. Country of Cremation
24. Country of Interment
25. Country of Burial
26. Country of Cremation
27. Country of Interment
28. Country of Burial
29. Country of Cremation
30. Country of Interment

1. Immediate Cause
2. Intermediate Cause
3. Underlying Cause
4. Contributing Cause
5. Manner of Death
6. Place of Death
7. Date of Death
8. Time of Death
9. Age at Death
10. Sex
11. Race
12. Marital Status
13. Occupation
14. Education
15. Religion
16. Ethnicity
17. Ancestry
18. Language
19. Country of Birth
20. Country of Residence
21. Country of Death
22. Country of Burial
23. Country of Cremation
24. Country of Interment
25. Country of Burial
26. Country of Cremation
27. Country of Interment
28. Country of Burial
29. Country of Cremation
30. Country of Interment

L-100
52 10847BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10847

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Max Levy

2. DATE
OF
DEATH

November 30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

901 N. Gay Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-2

D. STREET ADDRESS (If rural, give location)

901 N. Gay Street

c. Length of stay in Baltimore

50 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

1873

9. AGE (In years last birthday)

79

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR INDUSTRY

Shop

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Sol M. Levy - 901 N. Gay Street

18. 420.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 hour

(A) DUE TO

Coronary Thrombosis

10 years

ANTECEDENT CAUSES

(B) DUE TO

generalized arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1938, to Nov. 30, 1952, that I last saw the deceased alive on Nov. 30, 1952, and that death occurred at 11:41 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Louis E. Wice

M. D.

23B. ADDRESS

920 St. Paul

23C. DATE SIGNED

Nov. 30, 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/1/52

24C. NAME OF CEMETERY OR CREMATORY

Morgan Abraham

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol Linson, Busz - 1124-26 W. North Ave

VS 150

9520010832

North Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Form with multiple sections and fields, including a header area with text like "FACILITY OF HEALTH DEPARTMENT" and "CENTRAL OFFICE OF DEATH". The form contains numerous lines for data entry, with some fields containing handwritten or printed text. The right edge of the form shows three punch holes.

5240
52 10848BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10848

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Siegel

2. DATE
OF
DEATH

November 29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4613 Park Heights Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

63 yrs

D. STREET ADDRESS (If rural, give location)

2445 Callow Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1881

9. AGE (in years last birthday)

71

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Louis Einhorn

14. MOTHER'S MAIDEN NAME

Gertrude

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS apt 43
Mrs Lela Blum - 2439 Callow Ave

1B. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Cardio-Vasc. Disease

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

at least 8-10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Arteriosclerosis

7

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 24, 1952, to Nov. 29, 1952, that I last saw the deceased alive on 11/29, 1952, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Shultz M.D.

23B. ADDRESS

3100 Barrington Blvd.

23C. DATE SIGNED

11/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/1/52

24C. NAME OF CEMETERY OR CREMATORY

Workmen Circle

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

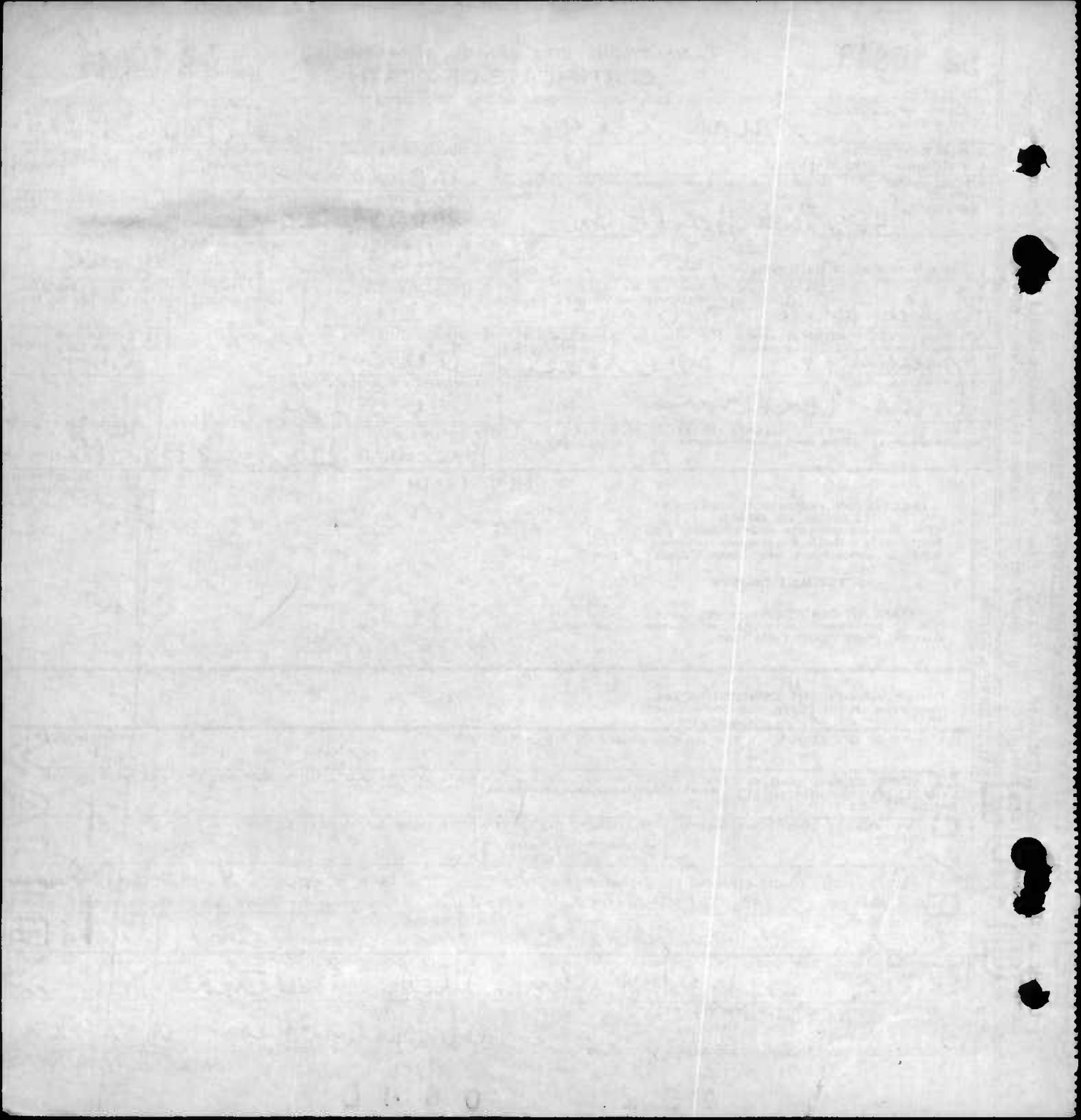
J. J. Shultz

25. FUNERAL DIRECTOR

Sol. Levinson

ADDRESS

1124-26 W.



PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10849

0-540
52 10849
52-28411

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Girl O'Neill

2. DATE
OF
DEATH

11/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

1. STATE Md. 8718 Ravenview Av. Balt.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

8718 Ravenview Av.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/27/52

9. AGE (in years last birthday)

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James W. O'Neill

14. MOTHER'S MAIDEN NAME

Mary Louise Sengler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

761.5 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Maturity. Birth Trauma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Partic. use of force.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/27, 1952, to 11/27, 1952, that I last saw the deceased alive on 11/27, 1952, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

11-31-52

24C. NAME OF CEMETERY OR CREMATORY

Calhoun

24D. LOCATION (City, town, or county)

Balt.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Hinch

ADDRESS

53057 Hayford Rd

1880

1880

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

1880

VV-240
52 10850

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10850

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Nellie Wesley		2. DATE OF DEATH Nov. 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 809 N. Arlington Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. STATE Md. C. COUNTY Baltimore		5. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
6. FULL NAME OF HOSPITAL OR INSTITUTION (u)		7. D. STREET ADDRESS (If rural, give location) 809 N. Arlington Ave.		8. Length of stay in Baltimore 30 Yrs	
9. SEX F	10. COLOR OR RACE C	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	12. DATE OF BIRTH June 28, 1898	13. AGE (In years last birthday) 54	14. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse		16. KIND OF BUSINESS OR INDUSTRY X		17. BIRTHPLACE (State or foreign country) Baltimore Co. Md.	
18. FATHER'S NAME Frank J. Mathews		19. MOTHER'S MAIDEN NAME Josephine Ebb		20. CITIZEN OF WHAT COUNTRY? U.S.A.	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (u)		22. SOCIAL SECURITY NO.		23. INFORMANT ADDRESS William H. Wesley 809 N. Arlington Av	
24. 18. 156.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma, liver		25. CAUSE OF DEATH (A) DUE TO Bronchal Pneumonia (B) DUE TO (C)		26. INTERVAL BETWEEN ONSET AND DEATH 4 days	
27. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		29. II	
30. 19A. DATE OF OPERATION X		31. 19B. MAJOR FINDINGS OF OPERATION		32. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
33. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		34. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) X		35. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
36. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		37. 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		38. 21F. HOW DID INJURY OCCUR?	
39. 22. I hereby certify that I attended the deceased from Nov. 3 , 19 52 , to Nov. 28 , 19 52 , that I last saw the deceased alive on Nov. 28 , 19 52 , and that death occurred at 9 P. M. , from the causes and on the date stated above.					
40. 23A. SIGNATURE George McDonald		41. 23B. ADDRESS 844 N. Carey St. Baltimore		42. 23C. DATE SIGNED 11/30/52	
43. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		44. 24B. DATE Dec 2 - 52		45. 24C. NAME OF CEMETERY OR CREMATORY Wesley St.	
46. 24D. LOCATION (City, town, or county) (State) Catonsville Md		47. 25. FUNERAL DIRECTOR James A. Stages		48. ADDRESS 638 N. Belvoir	
49. DATE RECEIVED BY LOCAL REGISTRAR DEC 1 1952		50. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		51. VS 150	

952 281840812

1930

STATE OF NEW YORK

CERTIFICATE OF DEATH

1930

NAME OF DECEASED		AGE		SEX		RACE		DATE OF BIRTH		PLACE OF BIRTH	
JAMES J. JONES		35		M		W		JAN 15 1895		NEW YORK CITY	
RESIDENCE		OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		DATE OF DEATH		PLACE OF DEATH	
100 W. 10th St. New York City		Clerk		Heart Disease		Natural		JAN 20 1930		NEW YORK CITY	
FATHER		MOTHER		SPOUSE		CHILDREN		EDUCATION		RELIGION	
JAMES J. JONES		JANE J. JONES		MARY J. JONES		JOHN J. JONES		High School		Roman Catholic	
BORN		DIED		BURIED		INTERVIEWED		BY		DATE	
JAN 15 1895		JAN 20 1930		JAN 20 1930		JAN 20 1930		J. J. JONES		JAN 20 1930	

N-350

52 10851

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10851

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank J Newton

2. DATE
OF
DEATH

Nov. 27 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

765 Bradley ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. City 17-03

D. STREET ADDRESS (If rural, give location)

765 Bradley ST.

c. Length of stay in Baltimore

20 yrs

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8-15-1890

9. AGE (In years last birthday)

62

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LONG SHOREMAN.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ga.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

UNKNOWN.

14. MOTHER'S MAIDEN NAME

UNKNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown UNKNOWN

16. SOCIAL SECURITY NO.

217-98-4557

17. INFORMANT

Willie Mae Newton 765 Bradley ST

ADDRESS

18. 260X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Anteroventricular Heart Disease?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Rheumatic Mitralis?

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15/52 to 11/27/52, that I last saw the deceased alive on 11/26/52, and that death occurred at 4:05 PM, from the causes and on the date stated above.

23A. SIGNATURE

W. E. Garner

23B. ADDRESS

253 Gensel St

23C. DATE SIGNED

11/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-2-52

24C. NAME OF CEMETERY OR CREMATORY

M. T. AUBURN

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. A. Jackson

ADDRESS

916 Penna ave

K-463
52 10852BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10852
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DORA E. KELLER-T			2. DATE OF DEATH 11/30/1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL OF BALTIMORE INC.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3730 Cottage Avenue		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 9, 1893	9. AGE (in years last birthday) 59	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Annapolis, Md		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Rubin Rosenberg			14. MOTHER'S MAIDEN NAME Paula?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Charles Kellert - 3730 Cottage Ave		

18. 443X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral Vascular Accident	
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Thrombocytopenic Purpura	
	DUE TO	
	(C) Hypertensive Cardio Vasc. Dis.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

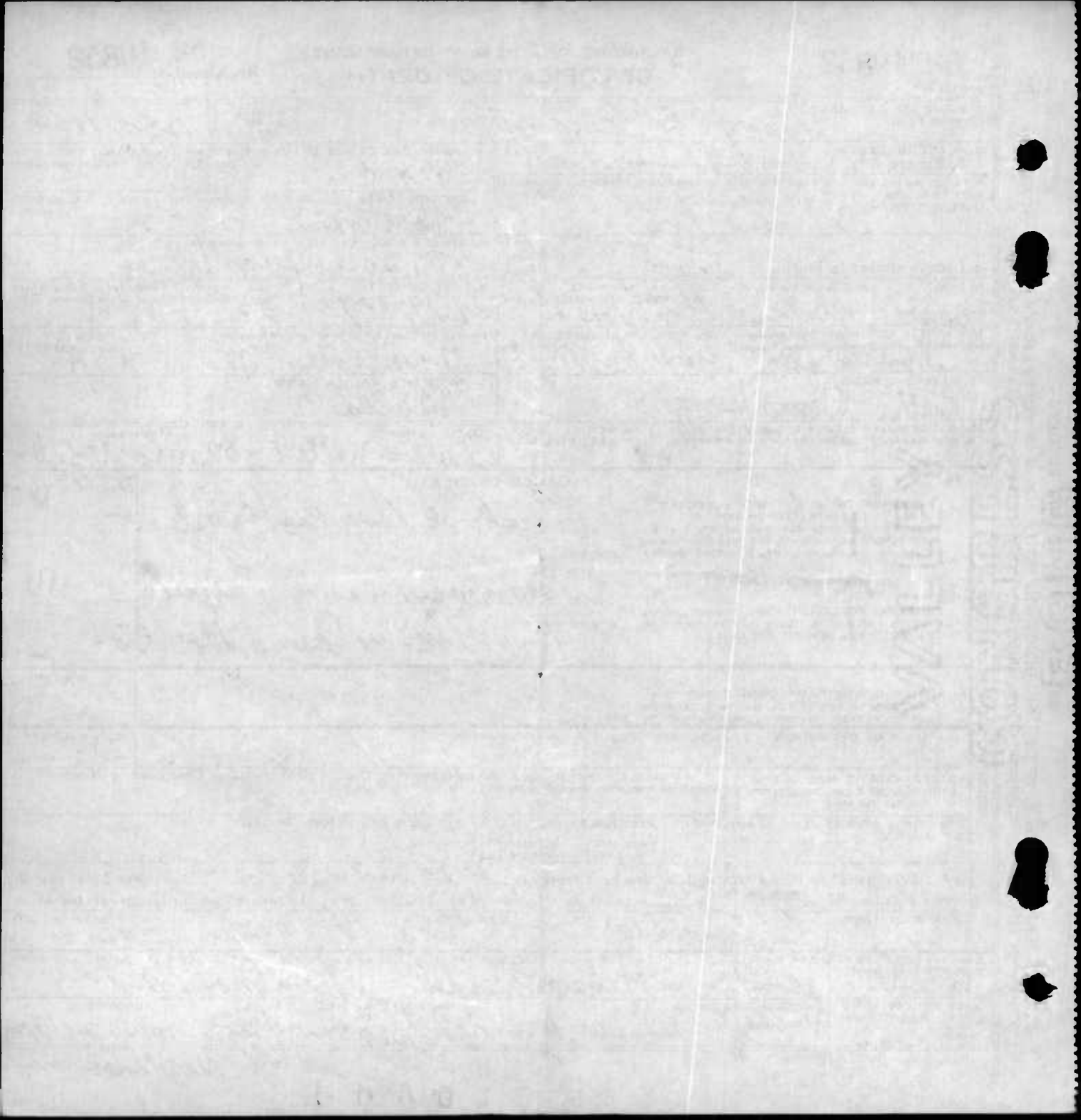
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/24/52 , 19 52 , to Nov. 30 , 19 52 , that I last saw the deceased alive on Nov. 29 , 19 52 and that death occurred at 4:30 AM. , from the causes and on the date stated above.					
23A. SIGNATURE P. Rosenberg		23B. ADDRESS SINAI HOSPITAL		23C. DATE SIGNED Nov. 30/52	
24A. BURIAL CREMATION REMOVAL (Specify) Burial		24B. DATE 12/2/52		24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. LOCATION (City, town, or county) Baltimore, Md.		24F. LOCATION (City, town, or county) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Sal Benson 7124-26 N. North Avenue	

VS 150

19520010844

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-340
52 10853

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10853

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DOLORES CATHELL

2. DATE
OF
DEATH

11-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

46 Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

40 E. MONTGOMERY ST.

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1-28-12

9. AGE (In years last birthday)

40

10 Under 1 Year 11 Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Tennyson

14. MOTHER'S MAIDEN NAME

Minerva Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

--

16. SOCIAL SECURITY NO.

--

17. INFORMANT

ADDRESS

James R. Cathell 40 E. Montgomery

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) ① Rheumatoid arthritis
② Rheumatic disease
③ ? Scleroderma

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/26/52 to 11/27/52, that I last saw the deceased alive on 11/27/52, and that death occurred at 1:30 Pm., from the causes and on the date stated above.

23A. SIGNATURE

M. S. Parrell

23B. ADDRESS

M. D. Lutheran Hospital

23C. DATE SIGNED

11-27-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/1/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Ritchie Highway

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC. 715 Light St.

REBOL SP

REBOL SP

REBOL SP

REBOL SP

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10854

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George W. Jones

2. DATE
OF
DEATH

Nov. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1022 William St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1022 William St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

5/6/1886

9. AGE (in years
last birthday)

66

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Helper

10B. KIND OF BUSINESS OR
INDUSTRY

Spice Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Jones

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mattie W. Jones 1022 William St.

18. 481x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Chronic Myocarditis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *- Diff. Myoma*
DUE TO
(C)3 mo.
2 mo.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 18*, 1952, to *Nov 28*, 1952, that I last saw the
deceased alive on *Nov 25*, 1952, and that death occurred at *2:51* a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/1/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

E. End North Ave.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John F. Denny, Inc. 715 Light St.

8-9 Jan

1279 William

Whipple

G-610
52 10855BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10855

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Edward A. Grap</i>		2. DATE OF DEATH <i>11/29/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1709 Wickes Ave.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1709 Wickes Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1709 Wickes Ave. 25-52</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 25, 1880</i>	9. AGE (In years last birthday) <i>72</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Crematorium</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Gravestone Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md</i>	
13. FATHER'S NAME <i>Charles Grap</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>Mr. William Grap, 1709 Wickes Ave.</i>	
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic C-V-D</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs?</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Pulmonary Fibrosis</i>		(B) DUE TO		(C) DUE TO	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 1</i> , 1948, to <i>Nov. 29</i> , 1952, that I last saw the deceased alive on <i>Nov. 28</i> , 1952, and that death occurred at <i>11:50 Am.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>C. Arthur Rossberg MD</i>		23B. ADDRESS <i>2436 Washington Blvd - 30</i>		23C. DATE SIGNED <i>11/29/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/2/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon St. Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>3801 Fred Ave</i>		25. FUNERAL DIRECTOR <i>John J. Corcoran</i>		ADDRESS <i>401 E. Lombard St. Baltimore, Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 1 1952</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>		25. FUNERAL DIRECTOR <i>John J. Corcoran</i>	

VS 150

69438

0847

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-10-55

2-10-55

UNITED STATES OF AMERICA

VALLEY
COUNCIL
OF
BOYS
INC.

BOY
SCOUTS
OF
AMERICA

2-10-55

52 10856

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10856

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Cobb

2. DATE
OF
DEATH

Nov. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Provident Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-01

D. STREET ADDRESS (If rural, give location)

2022 Rupp St.

c. Length of stay in Baltimore

1 1/2 yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 8, 1891

9. AGE (In years
last birthday)

61

10. Under 1 Year
Months

Days

11. Under 24 Hours
Hours

Min.

10A. USUAL OCCUPATION (If kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Tobacco Plant

11. BIRTHPLACE (State or foreign country)

Core City, N. C.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Jack Hines

14. MOTHER'S MAIDEN NAME

Hattie Rhodes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

238-18-1910

17. INFORMANT

Mrs. Lendora L. Hines

2022 Rupp St.

18. 171X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

Laceration of the Cervix

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/13/1952, to 11/28/1952, that I last saw the
deceased alive on 11/28/1952, and that death occurred at 5:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Charles W. Cobb

M. D.

23B. ADDRESS

Provident Hospital, Baltimore

23C. DATE SIGNED

11/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

Family Lot

24D. LOCATION (City, town, or county)

Core City, N. C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wallace Funeral Home
1631 Druid Hill Ave.

DEC 1 1952

1952 979 468 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1931

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

1931

1931

Name of Deceased		Date of Birth		Sex		Race		Religion		Marital Status		Occupation		Cause of Death		Place of Death		Date of Death		Time of Death		Signature of Registrar		Signature of Physician		Signature of Coroner		Signature of Witness	

M-460
52 10857BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10857

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Mrs) Ellen McGregor Miller

2. DATE
OF
DEATH

Nov. 29-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland/1803 Linden ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 1803 Linden ave

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1803 Linden ave Baltimore Md 14-01

c. Length of stay in Baltimore

30

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 4-1871

9. AGE (In years last birthday)

81 yrs

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

Native U.S.

13. FATHER'S NAME

Stephen Vestly Marward

14. MOTHER'S MAIDEN NAME

Ellen Hall McGregor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Mrs. Estelle V. Harris

ADDRESS

1503 Linden ave Baltimore Md

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

18 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio sclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28, 1952, to Nov. 29, 1952, that I last saw the deceased alive on Nov. 29, 1952, and that death occurred at 11 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Kader

M. D.

23B. ADDRESS

2306 Eutaw Pl. Balto. Md.

23C. DATE SIGNED

Nov. 29-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

24B. DATE

12-1-52

24C. NAME OF CEMETERY OR CREMATORY

GREENMOUNT CEM. BALTO. MD

24D. LOCATION (City, town, or county)

BALTO. MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 1 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Walter R. Bradley, Dundalk Md.

ADDRESS

VS 150

19520010849

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The content of age is important. Physicians: please write the causes of death clearly and accurately.

10001-100

10001-100



10001-100

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-220
52 10858

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10858

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE H. SYKES

2. DATE
OF
DEATH

Nov. 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1700 Warwick Avenue 15-02

C. Length of stay in Baltimore

16yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

4-28-12
4-28-12

9. AGE (In years
last birthday)

40

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

shaker

10B. KIND OF BUSINESS OR
INDUSTRY

stove makers

11. BIRTHPLACE (State or foreign country)

Jonah Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Owen Sykes

14. MOTHER'S MAIDEN NAME

Hattie Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, on or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

218-01-0665 Gertrude Sykes 1700 Warwick Av

17. INFORMANT

ADDRESS

18. E816.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Respiratory Failure due to

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

CRUSHED SPINAL CORD
due to FRACTURE OF NECK

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

road

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

U.S. Rt. 301-1 mile north of Glasza

21D. TIME (Month) (Day) (Year) (Hour)
of INJURY

Nov. 22, 1952 9:20 P. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto & auto collision

52-00

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. J. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
Nov. 29, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial
DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

12-2-52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

24D. LOCATION (City, town, or county)

Baltimore - Md

REGISTRAR'S SIGNATURE

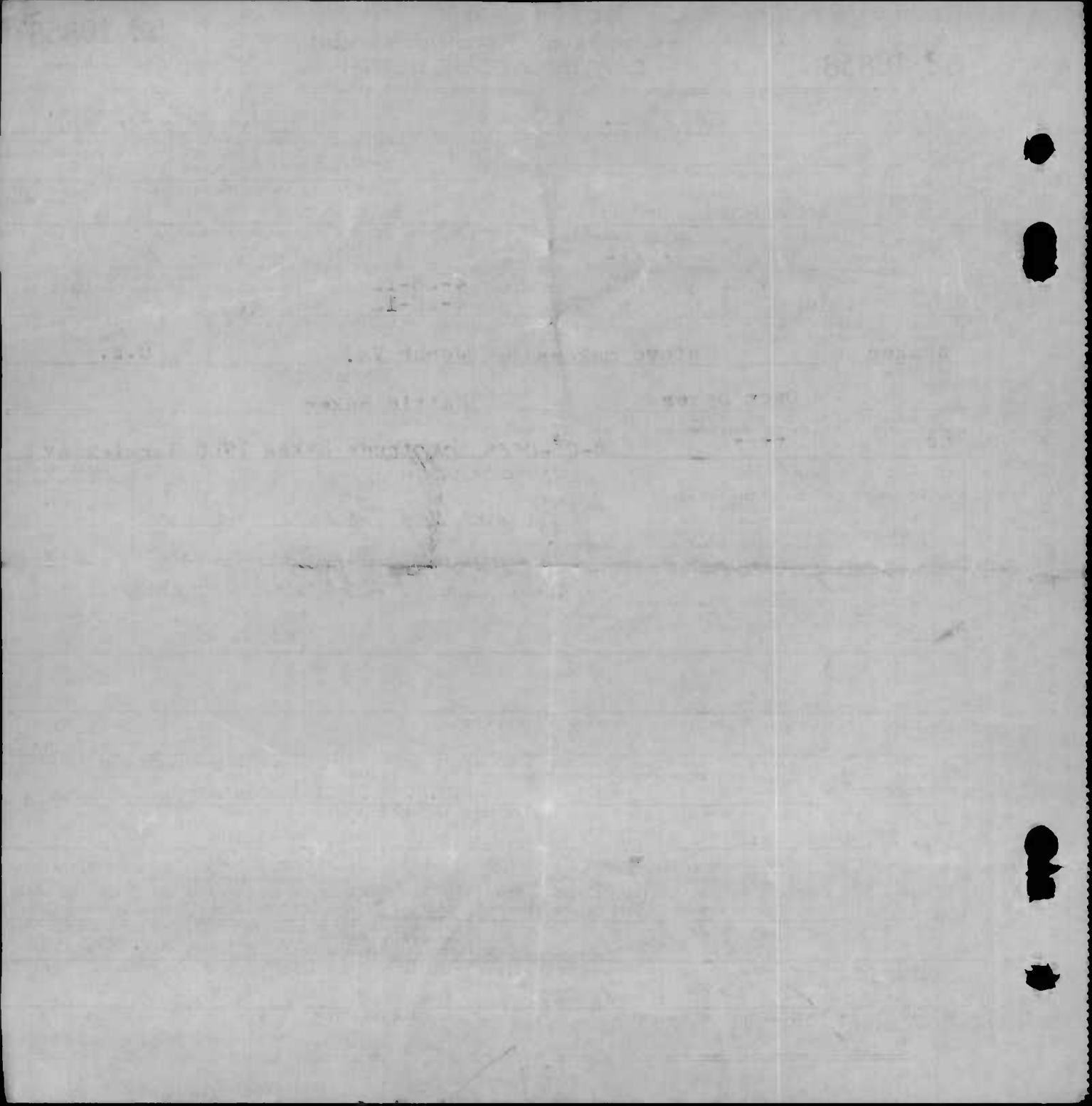
Thurston H. Hatcher

25. FUNERAL DIRECTOR

Samuel W. Sullivan Jr

ADDRESS

1011 N. Arlington Ave



M-424
52 10859BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10859

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH G. MILCHLING

2. DATE
OF
DEATH

11-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

MD. GEN. Hosp.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTO.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

801

D. STREET ADDRESS (If rural, give location)

3402 ELMLEY AVE. #13

c. Length of stay in Baltimore

43

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

10-17-09

9. AGE (in years
last birthday)

43

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

OFFICE

10B. KIND OF BUSINESS OR
INDUSTRY

R.R. (Railroad)

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOSEPH MILCHLING

14. MOTHER'S MAIDEN NAME

AMELIA SCHULTZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT 3402 Elmley Avenue - 13

MRS. JOS. G. MILCHLING

SAME

18. 330X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) SUBARACHNOID HEMORRHAGE 12 HRS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) HYPERTENSION

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 10-28, 1952, to 10-29, 1952, that I last saw the
deceased alive on 10-29-52, 1952, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Agnes Kurotsu

M. D.

23B. ADDRESS

Md. Gen. Hosp.

23C. DATE SIGNED

11-29-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/2/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

00001 Sc

00001 Sc

MARGIN RESERVED FOR BINDING

PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-562

52 10860

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10860

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN HENRY LAMMERS <i>John H. Lammers</i>			2. DATE OF DEATH <i>Nov. 27 1952</i>		
3. PLACE OF DEATH: <input checked="" type="checkbox"/> Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
7. Length of stay in Baltimore <i>Life</i>			8. STREET ADDRESS (If rural, give location) <i>2824 Harford Road</i>		
9. SEX <i>M.</i>	10. COLOR OR RACE <i>White</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	12. DATE OF BIRTH <i>Dec. 27 1878</i>	13. AGE (in years last birthday) <i>73</i>	14. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>clerk</i>			16. KIND OF BUSINESS OR INDUSTRY <i>Wholesale Groc.</i>		
17. FATHER'S NAME <i>John Lammers</i>			18. MOTHER'S MAIDEN NAME <i>Mary Lang</i>		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			20. SOCIAL SECURITY NO. <i>212-10-9235</i>		
21. BIRTHPLACE (State or foreign country) <i>Md.</i>			22. CITIZEN OF WHAT COUNTRY? <i>American</i>		
23. INFORMANT <i>Mrs. Katherine Lammers</i>			24. ADDRESS <i>2824 Harford Road</i>		

MEDICAL CERTIFICATION

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic cardio-vascular disease - auricular fibrillation</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>virus infection</i>		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>Nov. 27 1952</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov. 21</i> , 1952, to <i>Nov. 27</i> , 1952, that I last saw the deceased alive on <i>Nov. 27</i> , 1952, and that death occurred at <i>5:45 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. Jui Lin</i>		23B. ADDRESS <i>Md. General Hospital</i>		23C. DATE SIGNED <i>Nov. 27 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>12/1/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i> <i>NORTH AVE. & BROADWAY 13</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 1 1952</i>		REGISTRAR'S SIGNATURE <i>Henry Sander</i>			

VS 150

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Henry Sander

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PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is important. Physicians: please write the causes of death clearly and accurately.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10861

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DeGrange, Mrs. Irene

2. DATE
OF
DEATH

Nov. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Home For Incurables - 700 W. 40th St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

13-07

D. STREET ADDRESS (If rural, give location)

- 700 W. 40th St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 2, 1869

9. AGE (In years
last birthday)

83 yrs

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Harkness Gorsuch

14. MOTHER'S MAIDEN NAME

Katherine Harinia Whiting

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charlotte E. DeGrange - Home For Incurables (records)

18. 443X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Acute Cardiac Failure
DUE TO Hypertensive Cardiac-Vascular
Disease

INTERVAL BETWEEN
ONSET AND DEATH

1/2 Hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

6 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of Bone

18 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from November 18, 1948, to November 30, 1952, that I last saw the deceased alive on November 28, 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Grafton Brezinger

23B. ADDRESS

214 Medical Arts Bldg 11/30/52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12 - 2 - 52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc., 2900 Eutaw Place

Wm. T. S. S. S.

exp.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10862

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

May Strong Watkins

2. DATE
OF
DEATH

Nov. 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

none

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3849 Roland Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3849 Roland Ave.

c. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Jan. 15, 1888

9. AGE (In years last birthday)

64

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sect'y

10B. KIND OF BUSINESS OR INDUSTRY

personal

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Joseph M. Watkins

14. MOTHER'S MAIDEN NAME

Harriet Strong

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Edwin H. Watkins 6100 McCallum St. Phila., 44, Pa.

18. **331X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

40 Hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

**Hypertension
Arterio-sclerosis**

Gradual
L

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 28, 1945** to **Nov 29, 1952**, that I last saw the deceased dying on **Nov 28, 1952**, and that death occurred at **6A** m., from the causes and on the date stated above.

23A. SIGNATURE

M. H. Ready

23B. ADDRESS

1403 Park Ave.

23C. DATE SIGNED

11 - 29 - 52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

12 - 1 - 52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

M. B. Mitchell

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Woody

W. 325

CERTIFICATE OF SALE

DATE

TIME

PLACE

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52 10863

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10863
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William E. Baker

2. DATE
OF
DEATH

Nov. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

none

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2517 Guilford Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2517 Guilford Ave.

c. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

July 21, 1874

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired - Meter Reader

10B. KIND OF BUSINESS OR
INDUSTRY

GAS

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Edward J. Baker

14. MOTHER'S MAIDEN NAME

Susanne Elizabeth Ryan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Stella Wagner

ADDRESS

2517 Guilford Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1952, to Nov. 28, 1952, that I last saw the
deceased alive on Nov. 28, 1952, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12 - 1 - 52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John C. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

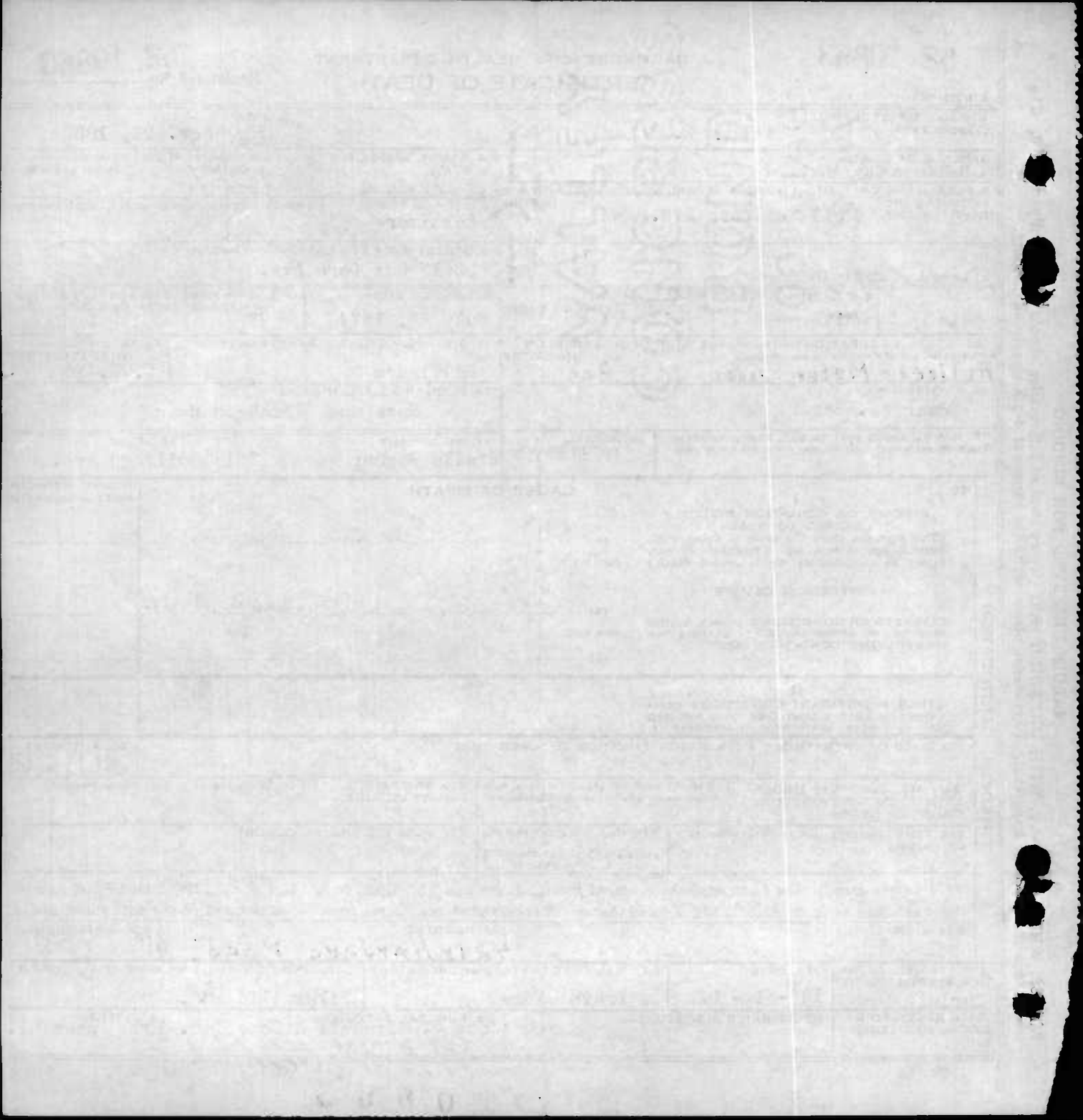
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520210855

M B Mitchell

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully stated. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10864

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EVELYN C. HUNTER

2. DATE

OF DEATH November 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

4012 Frankford Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

4012 Frankford Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

August 17, 1874

9. AGE (In years last birthday)

78

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

McCreay

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frank L. Hunter, 4012 Frankford Avenue

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary occlusion

DUE TO

Coronary Sclerosis

ANTECEDENT CAUSES

(B)

Hypertension

DUE TO

arterio-sclerosis Generalized

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 1, 1952, to Nov. 29, 1952, that I last saw the deceased alive on Nov. 28, 1952, and that death occurred at 10A m., from the causes and on the date stated above.

23A. SIGNATURE

Ernest A. Anderson

23B. ADDRESS

300 Shannon Drive (13)

23C. DATE SIGNED

11-29-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

12/1/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Corb, Inc., 1217 St. Paul Street

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Medical Examiner		12. Signature of Coroner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Funeral Home	
16. Signature of Cemetery		17. Signature of Burial		18. Signature of Interment	
19. Signature of Burial		20. Signature of Interment		21. Signature of Burial	
22. Signature of Interment		23. Signature of Burial		24. Signature of Interment	
25. Signature of Burial		26. Signature of Interment		27. Signature of Burial	
28. Signature of Interment		29. Signature of Burial		30. Signature of Interment	
31. Signature of Burial		32. Signature of Interment		33. Signature of Burial	
34. Signature of Interment		35. Signature of Burial		36. Signature of Interment	
37. Signature of Burial		38. Signature of Interment		39. Signature of Burial	
40. Signature of Interment		41. Signature of Burial		42. Signature of Interment	
43. Signature of Burial		44. Signature of Interment		45. Signature of Burial	
46. Signature of Interment		47. Signature of Burial		48. Signature of Interment	
49. Signature of Burial		50. Signature of Interment		51. Signature of Burial	
52. Signature of Interment		53. Signature of Burial		54. Signature of Interment	
55. Signature of Burial		56. Signature of Interment		57. Signature of Burial	
58. Signature of Interment		59. Signature of Burial		60. Signature of Interment	
61. Signature of Burial		62. Signature of Interment		63. Signature of Burial	
64. Signature of Interment		65. Signature of Burial		66. Signature of Interment	
67. Signature of Burial		68. Signature of Interment		69. Signature of Burial	
70. Signature of Interment		71. Signature of Burial		72. Signature of Interment	
73. Signature of Burial		74. Signature of Interment		75. Signature of Burial	
76. Signature of Interment		77. Signature of Burial		78. Signature of Interment	
79. Signature of Burial		80. Signature of Interment		81. Signature of Burial	
82. Signature of Interment		83. Signature of Burial		84. Signature of Interment	
85. Signature of Burial		86. Signature of Interment		87. Signature of Burial	
88. Signature of Interment		89. Signature of Burial		90. Signature of Interment	
91. Signature of Burial		92. Signature of Interment		93. Signature of Burial	
94. Signature of Interment		95. Signature of Burial		96. Signature of Interment	
97. Signature of Burial		98. Signature of Interment		99. Signature of Burial	
100. Signature of Interment		101. Signature of Burial		102. Signature of Interment	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

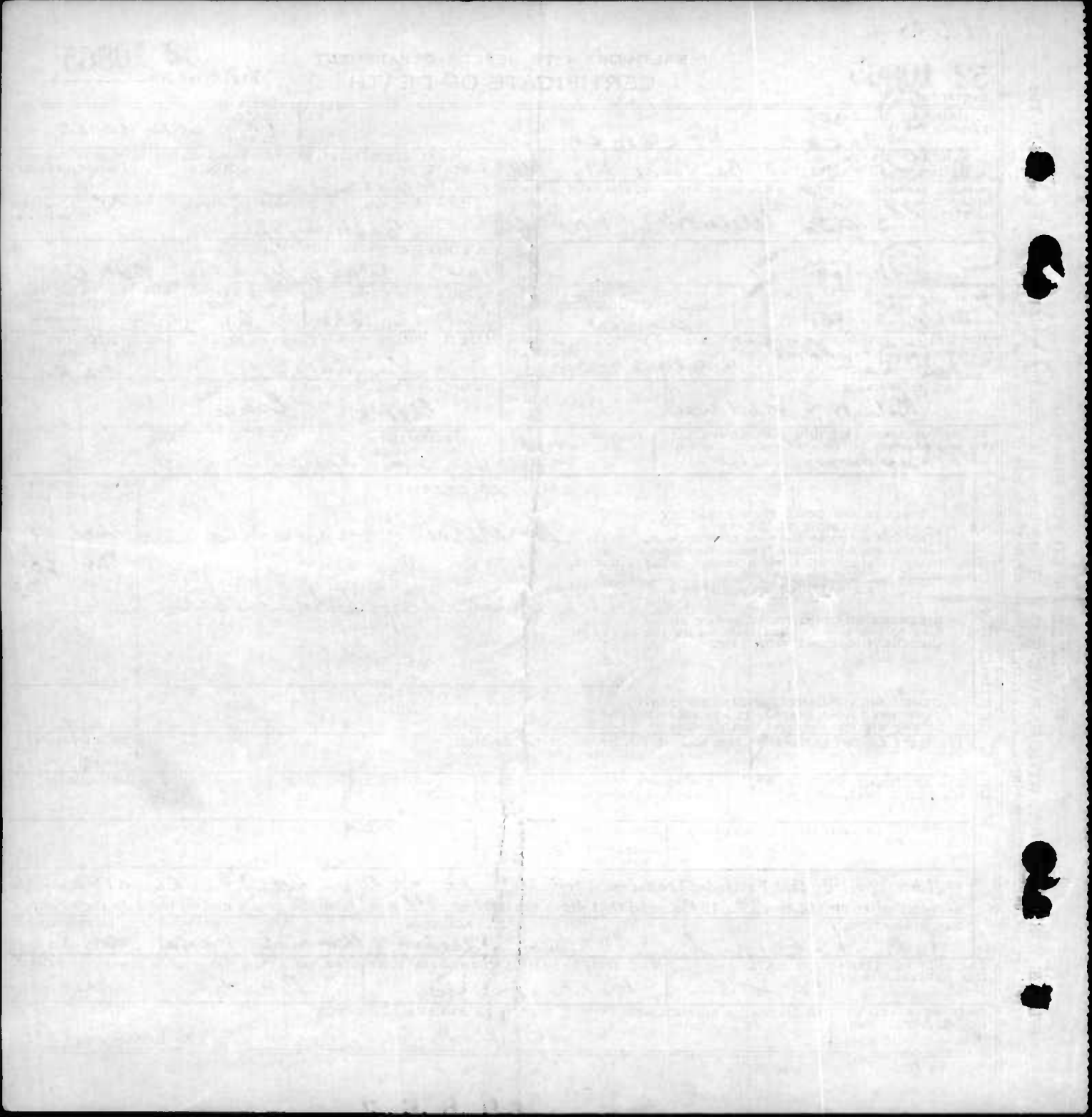
52 10865

Registered No.

52 10865

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Jacob Fredman		2. DATE OF DEATH Nov. 30 52.	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City, Md. B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 1649 Waverly Way, Apt. C	
c. Length of stay in Baltimore Yrs. Mos. Days	5. SEX male	6. COLOR OR RACE w.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant	10B. KIND OF BUSINESS OR INDUSTRY Ready to wear clothing (R)		8. DATE OF BIRTH Sept. 12, 1891
13. FATHER'S NAME Robert Fredman	14. MOTHER'S M maiden NAME Lippie Cohen		9. AGE (In years last birthday) 61
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES unknown	16. SOCIAL SECURITY NO. -		11. BIRTHPLACE (State or foreign country) Virginia
17. INFORMANT Bess Fredman -		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) bilateral pneumonia DUE TO (B) pulmonary tuberculosis DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH Nov. 2+ Nov. 30		19. DATE OF OPERATION 2	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Nov. 27 , 19 52 , to Nov. 30 , 19 52 , that I last saw the deceased alive on Nov. 30 , 19 52 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.	
23A. SIGNATURE J. H. Hubbard		23B. ADDRESS Union Memorial Hospital	
23C. DATE SIGNED Nov. 30, 1952		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 12-2-52		24C. NAME OF CEMETERY OR CREMATORY Balto Helven	
24D. LOCATION (City, town, or county) Balto		24E. STATE Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 1952		REGISTRAR'S SIGNATURE Thurston Williams	
25. FUNERAL DIRECTOR Jack Lewis Inc -		ADDRESS 2600 Eutaw Pl	



A-346

52 10866

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10866

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY AILER

2. DATE
OF
DEATH

11-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4613 Park Hgts Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

60 Mt Senan House

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-01

D. STREET ADDRESS (If rural, give location)

2214 Mt Royal Terrace

c. Length of stay in Baltimore

60 Yrs.
Mos
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years last birthday)

82

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Rega

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benjamin

14. MOTHER'S MAIDEN NAME

Lhesra

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Tena Robinson -

ADDRESS

Home

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial C. v. D.

50 yr

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9 1954 to Nov 30 1954 that I last saw the deceased alive on Nov 4 1954 and that death occurred at 9:54 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Gross
La 2447
Ro 2941

Seidel
La 0186

6911 Park Hgts Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10867

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52-10867

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY E. HALL

2. DATE
OF
DEATH Nov. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF ☐ not in hospital or institution, give street address or location

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

724 W. Fairmount Avenue

C. Length of stay in Baltimore

40yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

6/28/1881

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Calvert County, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mildred Bruce(D) 1341 Stockton St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Nov. 29, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12/2/52

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEMETERY

24D. LOCATION (City, town, or county)

BALTO. MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

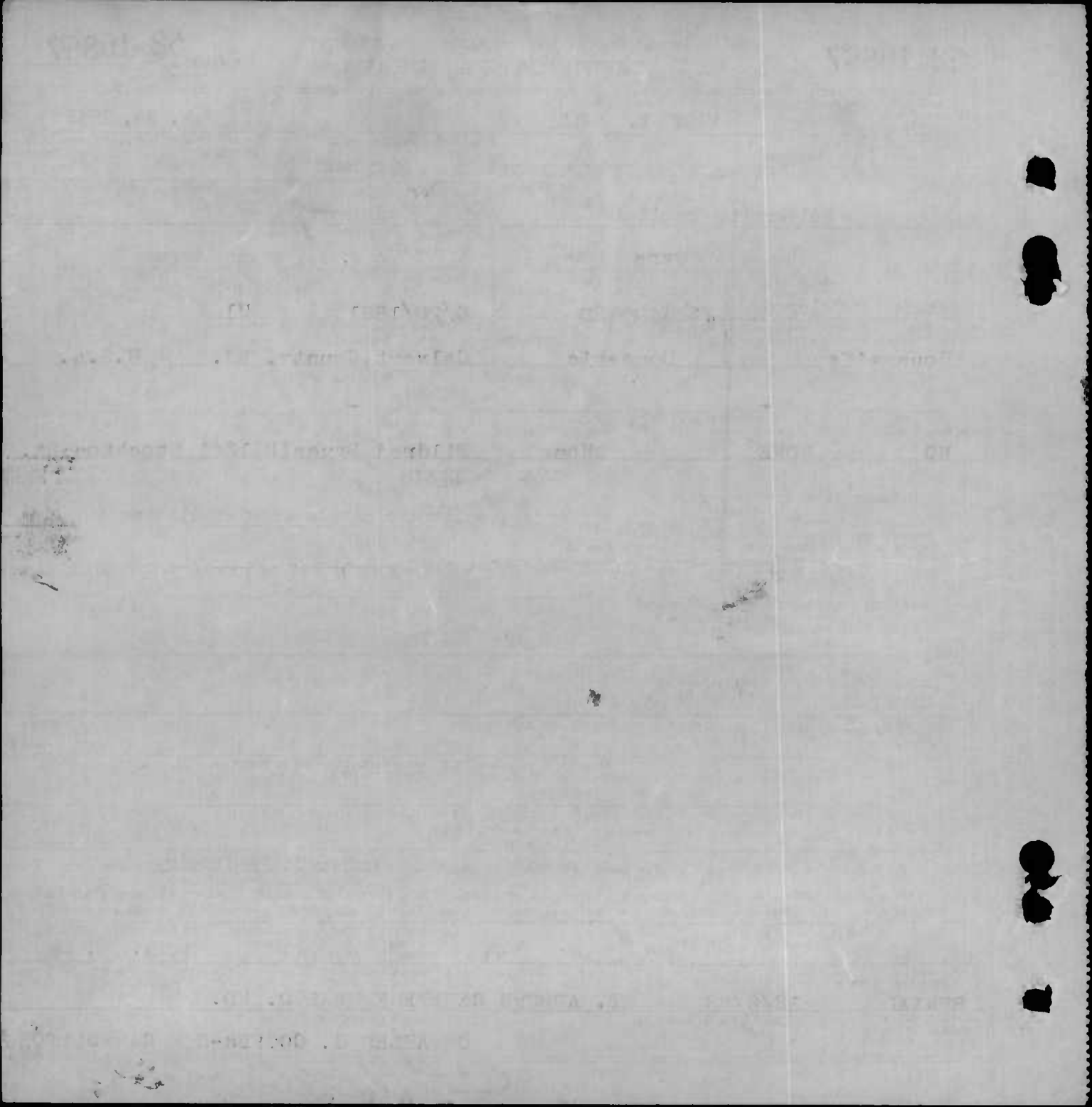
ADDRESS

CH ARLES G. COOPER-512 CARROLITON

VS 151

7208A

Charles Cooper



I-250
52 10868BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10868
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clarence Louis Ison

2. DATE
OF
DEATH

November 29th, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

City

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 1614 Lamont AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1614 Lamont Avenue

c. Length of stay in Baltimore

6

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

August 10, 1895

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: Days

3

19

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
(Retired) Laborer10B. KIND OF BUSINESS OR
INDUSTRY

Edgewood Arsenal

11. BIRTHPLACE (State or foreign country)

Baltimore County

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

James L. Ison

CHAM. (M)

14. MOTHER'S MAIDEN NAME

Laura Woods

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.
(If yes, give war or dates of service)

None

220-07-2123

17. INFORMANT

ADDRESS

Mrs. Laura Ison-1614 Lamont Avenue

18. 422.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1949, to Nov-29, 1952, that I last saw the
deceased alive on Nov-27, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1331 E. North Ave

11-29-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

Dec. 2nd., 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Taylor Ave. Balto: Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

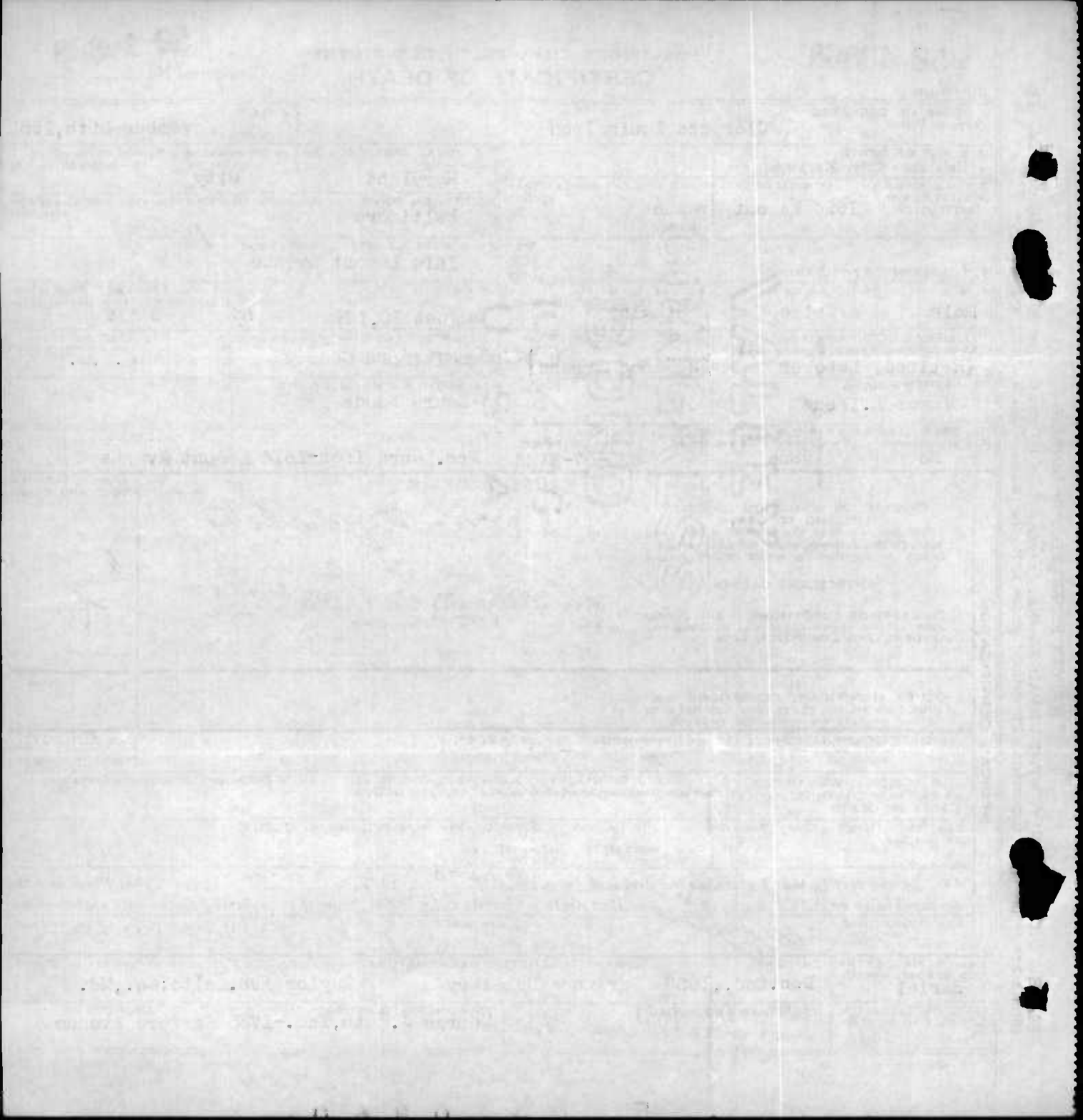
25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc.-1735 Harford Avenue

VS 150

97042



52 10869

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10869

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida Brown

2. DATE
OF
DEATH

Nov. 29 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1630 Hollins St

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 17-04

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

D. STREET ADDRESS (If rural, give location)

1630 Hollins St

c. Length of stay in Baltimore

23 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 13 - 1867

9. AGE (In years
last birthday)

85

If Under 1 Year Months Days Hours Min.

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Thomas Lee

14. MOTHER'S MAIDEN NAME

Sarah Hobbs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Florence Pomeroy

ADDRESS

1630 Hollins St

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary Edema

ANTECEDENT CAUSES

(B)

DUE TO

Cerebral Hemorrhage &
arteriosclerotic C.H.A.DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

arteriosclerotic C.V.D.

INTERVAL BETWEEN
ONSET AND DEATH

Ser. Hb.

about
1 Yrs.

years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about June, 1952, to Nov. 29, 1952, that I last saw the
deceased alive on 11-27, 1952, and that death occurred at 1 A. m., from the causes and on the date stated above.

23A. SIGNATURE

S. Highsten

M. D.

23B. ADDRESS

888 W. Lombard St.

23C. DATE SIGNED

12-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 1-1952

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial

24D. LOCATION (City, town, or county)

Balto. Co. Ind.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 1 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. E. Beyer Jr.

ADDRESS

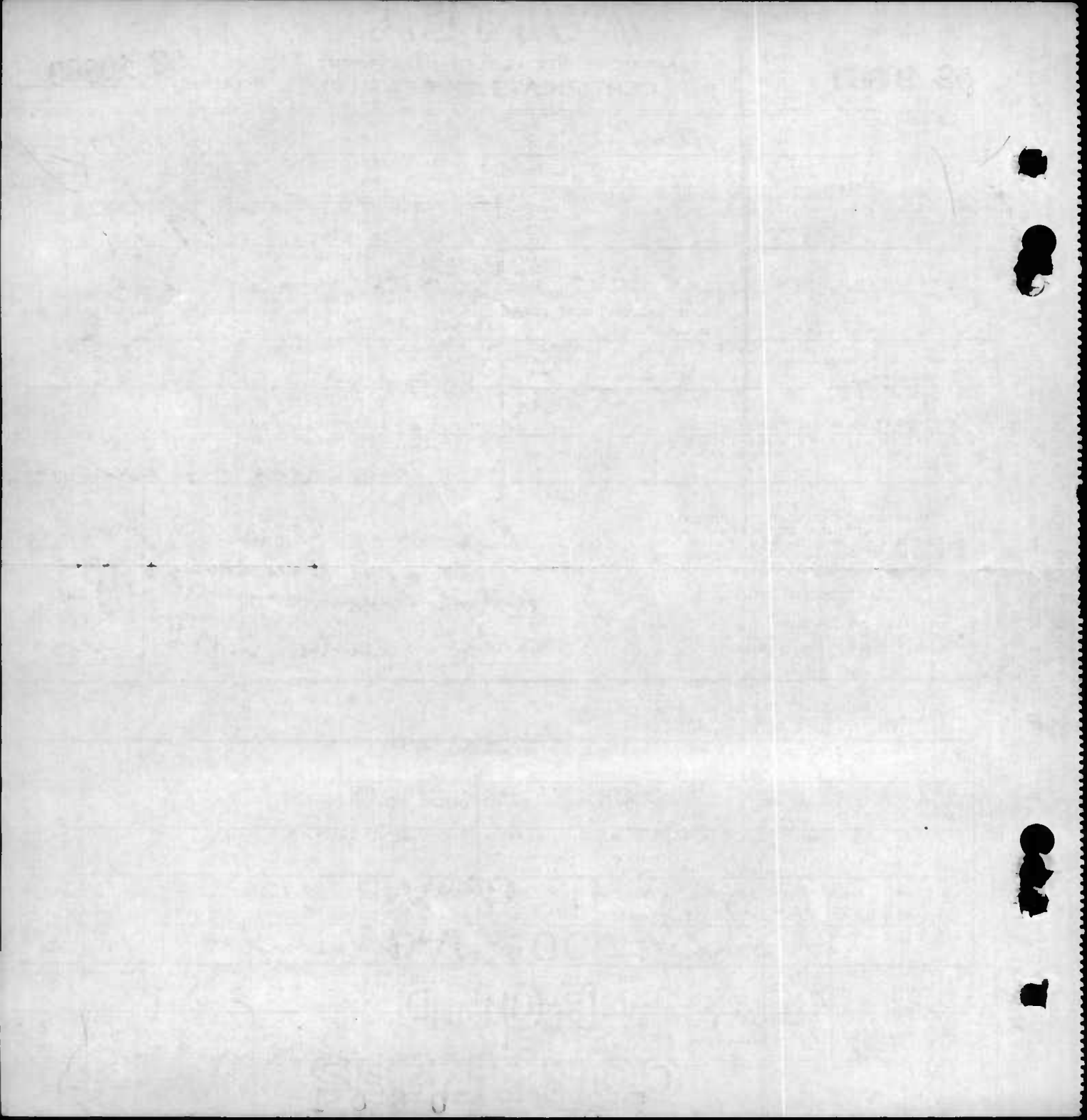
1512 Hollins St
Balto. 23 Ind.

VS 150

19520210861

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be clearly and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and correctly.



52 10870

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10870

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Earle

(Parent)

D. HARTMAN

2. DATE
OF
DEATH

11/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2644 N. Charles St.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)8. DATE OF BIRTH (In years
last birthday)9. Under 1 Year
Months: Days
10. Under 24 Hours
Hours: Min.10. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)11. TYPE OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Stern Windows

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

no

218-07-9187

Mrs. Anna M. Hartman - 2644 N. Charles St.

18.

443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Obesity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐23C. DATE SIGNED
11/30/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. J. Fickner & Sons

ADDRESS

1914

1914

1914

A-536
52 10871BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10871

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAY H. ANDREW

2. DATE
OF
DEATH

Nov. 30 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Church Homes & Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt

17-02

D. STREET ADDRESS (If rural, give location)

2925 St Paul St.

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

not

B. DATE OF BIRTH

Sept. 8, 1882

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Balt

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas HOLMES

14. MOTHER'S MAIDEN NAME

Katherine McDonald

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dr. D. Andrew 5410 Wilshire Ave

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypostatic Pneumonia

DUE TO

14 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral Thrombosis

DUE TO

42 days

(C) arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1952, to Nov. 30, 1952, that I last saw the
deceased alive on Nov 29, 1952, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William H. Wong

M. D.

23B. ADDRESS

Church Homes & Hosp.

23C. DATE SIGNED

Nov. 30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/2/52

24C. NAME OF CEMETERY OR CREMATORY

St. James Cem.

24D. LOCATION (City, town, or county)

Monkton, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. Pickner & Sons

IN SENATE,
January 12, 1911.

REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE,
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE,
JANUARY 10, 1910.

ALBANY:
J.B. LIPPINCOTT & CO., PRINTERS,
1911.

C-220

52 10872

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10872

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THERESA A. CUSICK

2. DATE
OF
DEATH

Nov. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2004 Ridgehill Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2004 Ridgehill Ave.

15-04

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 7, 1887

9. AGE (in years
last birthday)

65

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albecker

14. MOTHER'S MAIDEN NAME

Anna Graf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Wm. J. Cusick, Jr., -149 Palormo Ave.

18. 170x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKHOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1949 to Nov 27, 1952, that I last saw the
deceased alive on Nov 27, 1952, and that death occurred at 11 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Paul Byrley

M. D.

23B. ADDRESS

3033 W. North A

23C. DATE SIGNED

11/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/1/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. J. Tucker Sons Balto. Md.

CERTIFICATE OF DEATH

S-351
52 10873BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10873

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES A. STEMPEL

2. DATE
OF
DEATH

Nov. 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Hood Nursing Home

5213 Edmondson Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

1821 Linden Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Sept. 3, 1859

9. AGE (In years

last birthday)

93

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cement Layer (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Theodor Julius Stempel

14. MOTHER'S MAIDEN NAME

Victoria -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Harry W. Down - 1831 Linden Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia, Hypostatic.

DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardiac decompensation

DUE TO

1 wk

(C) Generalized Arteriosclerosis Cardiac

DUE TO

years.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

B. lateral Cataracts

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1954 to 29 Nov 1952, that I last saw the
deceased alive on 28 Nov 1952 and that death occurred at 10:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

Harry W. Down

M. D.

23B. ADDRESS

1938 Hadley Ave

23C. DATE SIGNED

1 December 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/1/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tiekner + Sons

ADDRESS

Balto., Md.

VS 150

1952001086B

P.S.B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be accurately supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

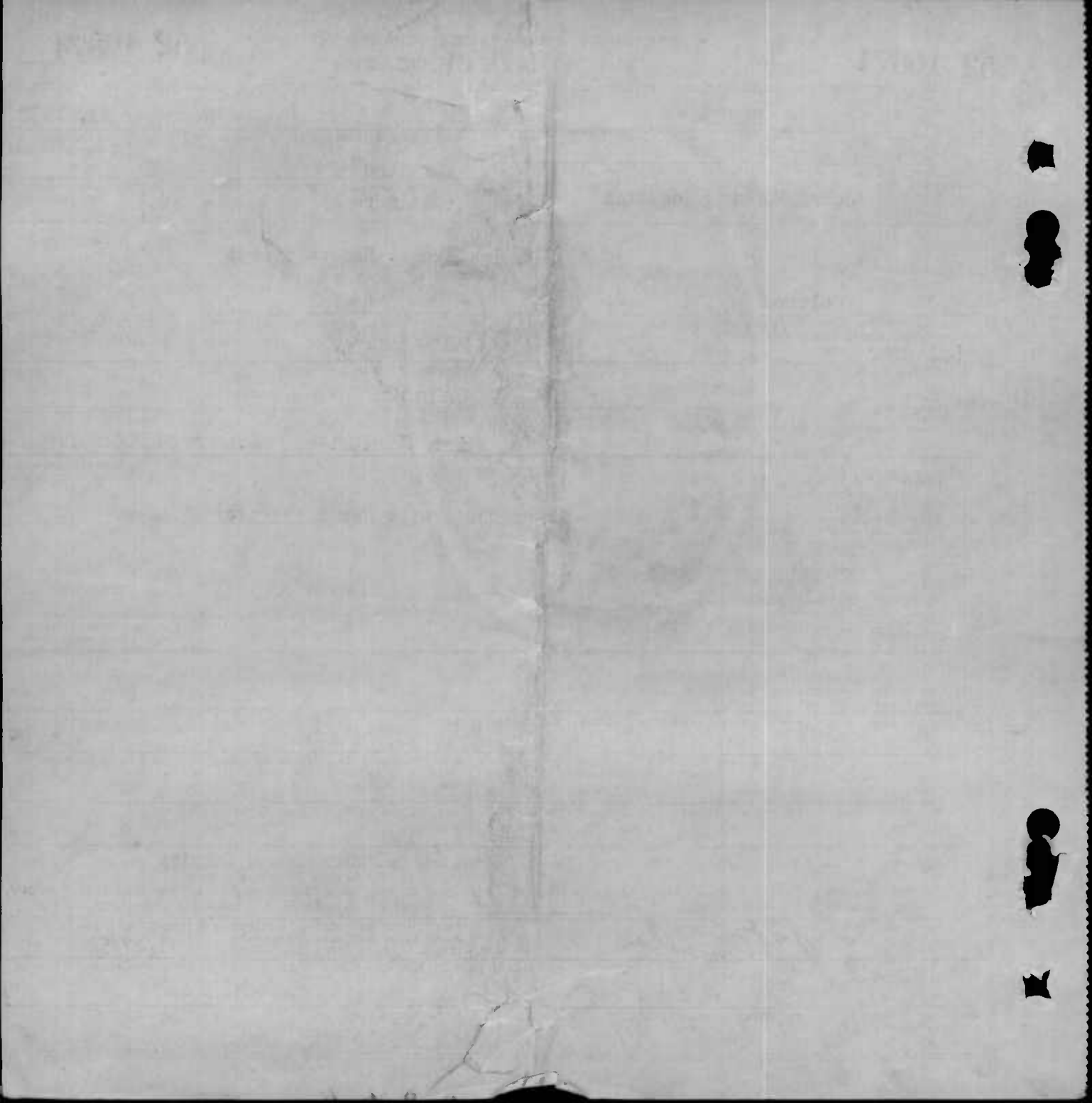
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 10874**

 C-615
52 10874
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		BRUCE		2. DATE OF DEATH		November 27, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
b. FULL NAME OF HOSPITAL OR INSTITUTION				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Johns Hopkins Hospital				Maryland Baltimore			
c. Length of stay in Baltimore				o. STREET ADDRESS (If rural, give location)			
Yrs. Mos. Days				128 N. Madena Street 6-03			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.	
Male	Colored	W		67			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Laborer			Gen		Md		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
Unknown			Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS		
(If yes, give war or dates of service)					Miss Carbin 911 N. Carrollton Ave		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
(A) Arteriosclerotic Cardiovascular Disease				DUE TO					
ANTECEDENT CAUSES				(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				DUE TO					
(C)									
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT									
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .									
23A. SIGNATURE			23B. CHIEF MEDICAL EXAMINER.....			23C. DATE SIGNED			
R. T. Fisher			M.D.			11/27/52			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)			
Burial		12/1/52		Mt Auburn Ct		Balt City			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR		ADDRESS		
DEC 1 1952		Thurston W. Williams, M.D.			Isaiah T. Brown & Son		108 W. Montgomery St		

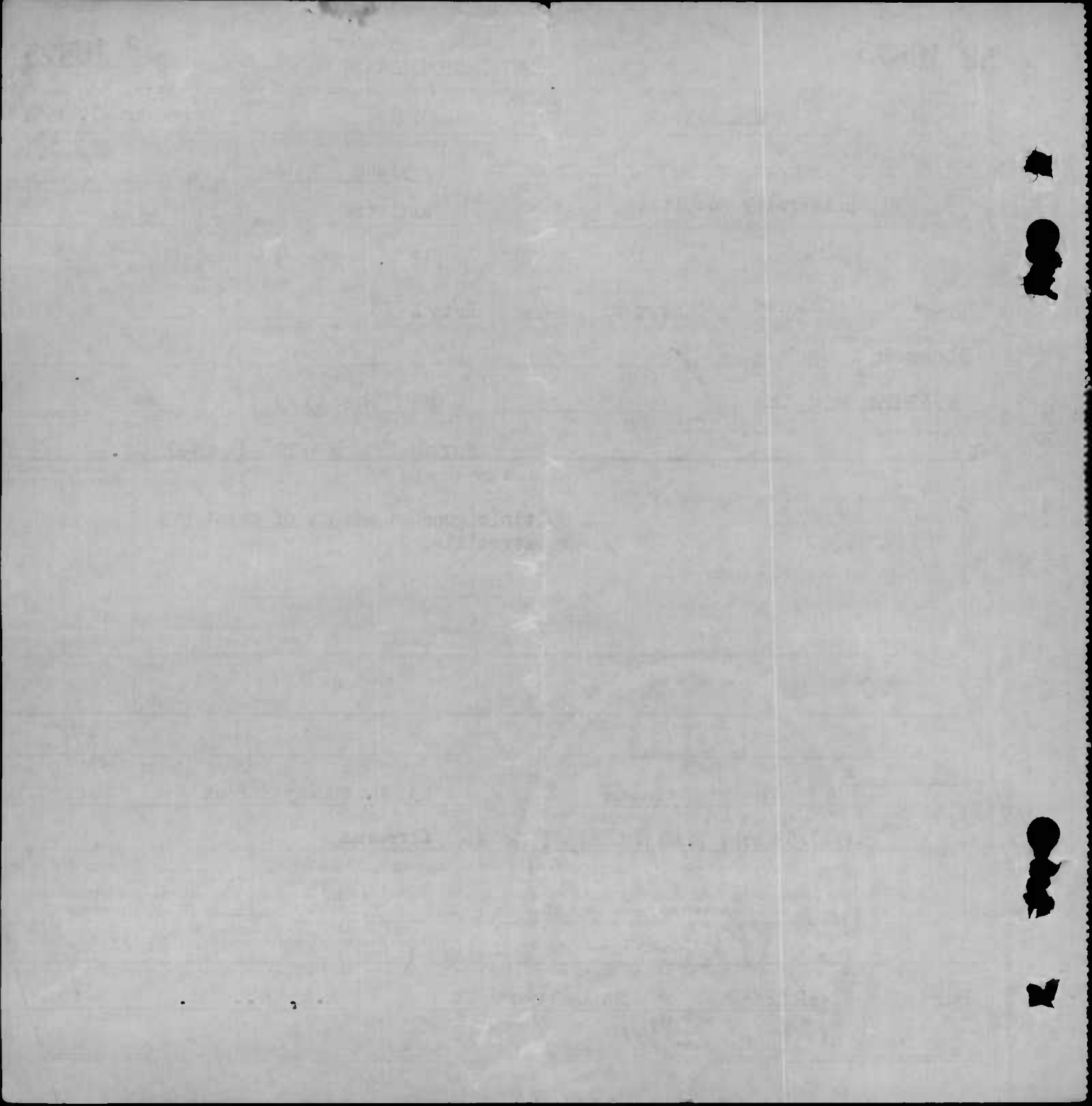


W-252
52 10875BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10875

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		WILLIAM WIGGINS		2. DATE OF DEATH November 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-02			
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 512 W. Montgomery Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1/6/1918		9. AGE (In years last birthday) 34	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamship Cook		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Wiggins Sr				14. MOTHER'S MAIDEN NAME Sarah Wheatley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO		17. INFORMANT Sarah Young		ADDRESS 228 Bethel Ct.	

18. E981X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple gunshot wounds of chest and xxxx extremities		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) house		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 639 W. Conway Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 11/27/52 4:41 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? firearms	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. F. Fisher		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 11/27/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/2/52		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Ct	
24D. LOCATION (City, town, or county) A.A.Co., Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 1 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		24I. FUNERAL DIRECTOR Isaac L. Brown & Son	
24J. ADDRESS		24K. ADDRESS		24L. ADDRESS	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10876

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 10876

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution:

S. Balto. General Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 201.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Anne Arundel

(c) City or town Fennelb - Glen Burnie P.O.
(If outside city or town limits, write RURAL and give town)(d) Street No. 201 Annapolis Blvd.
(If rural give location)(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME

Walter E. Rich

3 (b) If veteran, name war

3 (c) Social Security Account

No. 216-10-3132

4. Sex

Male

5. Color or race

White

6 (a) Single, married, widowed, or divorced.

Widow

6 (b) Name of husband or wife Lucy V. Rich

(nee-Burns) 6 (c) If alive, give age 189 years

7. Birth date of deceased (mo., day, yr.) March 23, 1899

8. AGE: Years 62 Months 62 Days

If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Linings & Helper

11. Industry or business F.T. Meach

12. Name Peter Rich

13. Birthplace

14. Maiden Name Catherine R. Morray

15 Birthplace

16 (a) Informant James Rich

(b) Address RFD 1, Box 72 - Glen Burnie

17 (a) Burial, cremation, or removal (b) Date thereof Dec 1, 1952
(month) (day) (year)

(c) Cemetery or crematory Glen Haven

Location Glen Burnie, Md.

18 (a) Funeral director R. V. Singleton

(b) Address Glen Burnie, Md.

19 DEC 1 1952 H. W. Huntington, William, Md.

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28, 1952, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1948, to Nov 28, 1952, and that I last saw him alive on Nov 28, 1952.

Immediate cause of death

Coronary Vascular Disease

Duration

6 mos.

Due to

Due to

Other Conditions

Bronchitis & Asthma

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Wm. L. Saele

Address Linthicum

Date signed 12/28/52

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that **particular ONE**

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10877

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ROLAND A. PATTON			2. DATE OF DEATH 11-29-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md B. COUNTY 1		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIV. Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore md 9-05		
c. Length of stay in Baltimore 50 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1127 Gorsuch Ave		
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MAR.	8. DATE OF BIRTH Feb 18-1894	9. AGE (In years last birthday) 58	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10B. KIND OF BUSINESS OR INDUSTRY Dodge Chemical Co	11. BIRTHPLACE (State or foreign country) Harford Co. md		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WM. R. PATTON JR			14. MOTHER'S MAIDEN NAME Bertha Street		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 011-03-5589		
			17. INFORMANT ADDRESS Mrs Roland A. Patton 1127 Gorsuch Ave		

18. 593 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) UREMIA	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO RENAL FAILURE	
		(B)	
		DUE TO	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-22-52 , to 11-29-52 , 19 52 , that I last saw the deceased alive on 11-29-52 , and that death occurred at 1:34 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Wm R. Greco		23B. ADDRESS Univ. Hosp		23C. DATE SIGNED 11/29/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/2/52		24C. NAME OF CEMETERY OR CREMATORY St. Oliver Gen	
24D. LOCATION (City, town, or county) Balto md		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, N. Lassahn Funeral Home 74 St. Belair Rd			

No reply by 4/1/53

PLEASE WRITE IN INK. Every item of information should be written in ink. The correct age is especially important. Physicians: please write the causes of death clearly and

52 10878

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10878

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER J. STRASDAUS/KAS

2. DATE
OF
DEATH

Nov 29-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTO. CITY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

907 BAYARD ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

21-02

D. STREET ADDRESS (If rural, give location)

907 BAYARD ST.

C. Length of stay in Baltimore

40 yrs

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov 21 1898

9. AGE (In years last birthday)

54

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TAILOR

10B. KIND OF BUSINESS OR INDUSTRY

Repair Shop

11. BIRTHPLACE (State or foreign country)

Lith.

12. CITIZEN OF WHAT COUNTRY?

?

13. FATHER'S NAME

WALTER STRASDAUS/KAS

14. MOTHER'S MAIDEN NAME

MARCELLA D'ARZI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

216-32-8128

17. INFORMANT

ANTHONY STRASDAUS/KAS

ADDRESS

907 Bayard

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Portal Embolism (Liver)

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

19 mo. +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1951, to 11-29-52, that I last saw the deceased on 11-28-52, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

W. J. Stradaus/Kas

M. D.

642 York Blvd

11-29-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

Dec 2-52

Holy Redeemen

Behain Rd. BALTO.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 1 1952

Huntington Williams, M.D. Joseph Kasnickas Inc 430 Homelomb

52 10879

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10879
Registered No.

BIRTH NO.

I. NAME OF DECEASED
(Type or Print)

NATHAN PINE S

2. DATE
OF
DEATH

12-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-10

4009 Oakford Ave

D. STREET ADDRESS (If rural, give location)

4009 Oakford Ave

c. Length of stay in Baltimore

38 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (in years
last birthday)

70

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Sexton

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Elyzer

SYNAGOGUE

14. MOTHER'S MAIDEN NAME

Syloca

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Moses Cohen-

ADDRESS

Same

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Edema

DUE TO

1 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral Hemorrhage

DUE TO

3 wks

(C) Arteriosclerotic CVD

glau

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about June 19, 1952, to Dec. 1, 1952, that I last saw the
deceased alive on 11-30, 1952, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

R. Hightower

M. D.

23B. ADDRESS

888 W. Lombard St

23C. DATE SIGNED

12.1.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial 12-1-52

24C. NAME OF CEMETERY OR CREMATORY

Greenway Lane

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 1 1952 Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 2100 Canton Rd

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10879

1945

CERTIFICATE OF DEATH

1945

WALTER
CONGIBER
BORN
10054500
1915

1945

1945

1945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10880

52 10880

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Victoria

POPLAR

2. DATE
OF
DEATH

11-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

42 Shirai Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH.
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29, 1952, to 11-30, 1952, that I last saw the deceased alive on 11-30, 1952, and that death occurred at 12:40 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

520210673

1901

CERTIFICATE OF DEATH

1901



1901

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10881

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10881

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK RUSZIN-SR.

2. DATE
OF
DEATH

Nov-30-1952

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Lutheran Hospital of
Maryland.

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Maryland. 19-04

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16, Md.

D. STREET ADDRESS (If rural, give location)

1630 McHenry St #23.

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 15, 1890

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Shp.

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wife - Same -

18. 541.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Heart failure.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Insufficiency

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Uremia
Post-Lastrectomy

19A. DATE OF OPERATION

11/25/52

19B. MAJOR FINDINGS OF OPERATION

Duodenal ulcer & adhesions

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17/52 to 11/30/52, that I last saw the
deceased alive on 11/30/52, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

D. Lieberman

M. D.

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

11/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-3-52

24C. NAME OF CEMETERY OR CREMATORY

St. Michaels' Church

24D. LOCATION (City, town, or county)

Baltimore - Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 1 1952

Huntington Williams, City & Suburban - 463 S. 10th St.

CERTIFICATE OF DEATH

2-11-32

DEPARTMENT OF HEALTH

STATE OF NEW YORK

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

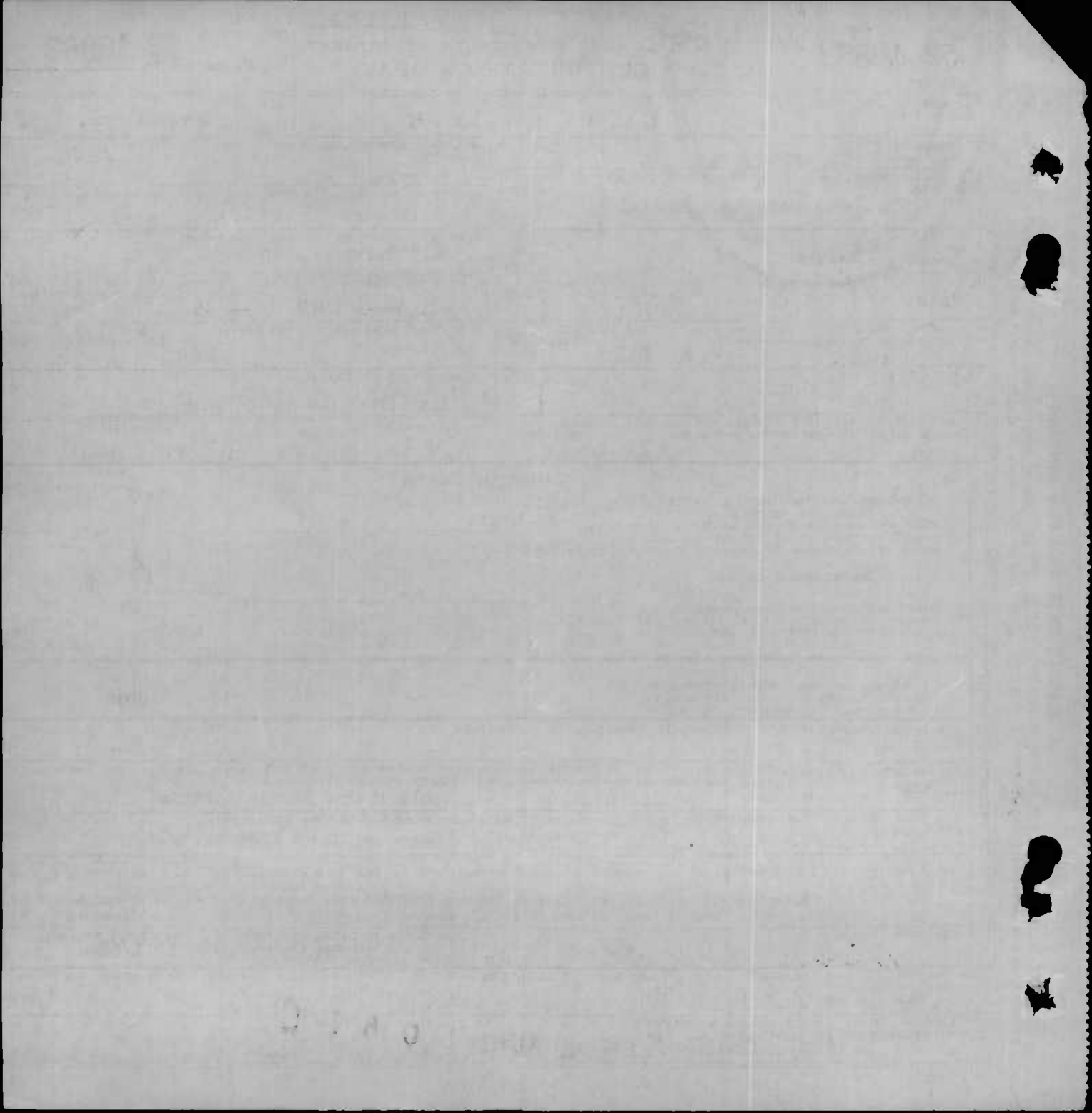
MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED Dec. 1, 1952
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10882
Registered No.

BIRTH NO.		52 10882	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
JAMES WILLIAM RITTER		November 30, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		a. STATE Maryland	
c. Length of stay in Baltimore 6 YRS.		c. CITY OR TOWN Baltimore	
5. SEX Male		d. STREET ADDRESS (If rural, give location) 613 Harwood Avenue	
6. COLOR OR RACE White		8. DATE OF BIRTH AUG. 8, 1918	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		9. AGE (In years last birthday) 34 35	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERVISOR		11. BIRTHPLACE (State or foreign country) MD.	
10b. KIND OF BUSINESS OR INDUSTRY LAUNDRY		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME PAUL RITTER		14. MOTHER'S MAIDEN NAME BERTHA V. GOODWIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) W.W.II		16. SOCIAL SECURITY NO. 280-07-6409	
17. INFORMANT MARY L. WILSON		ADDRESS 613 HARWOOD AVE	
18. E974X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxia DUE TO Hanging		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) police station	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Ashland and Durham Streets			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11/30/52 6:40 P. m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? hanged self by leather belt			
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , <u>suicide</u> <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23a. SIGNATURE William H. Jenkins		23b. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	
23c. DATE SIGNED 12/1/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-3-1952	
24c. NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL		24d. LOCATION (City, town, or county) (State) BALTO. CO MD	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR H. W. JENKINS & SONS CO. 4905 YORK RD	
REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS	
V S 151		N991X 2908C	



52 10883

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10883

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ME. OLIN ENGLAR GILBERT, JR.

2. DATE
OF
DEATH

NOV. 30 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 12

27-98

D. STREET ADDRESS (If rural, give location)

5408 NORTHWOOD DRIVE

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC 14, 1926

9. AGE (In years
last birthday)

25

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

EXECUTIVE

10B. KIND OF BUSINESS OR
INDUSTRY

FURNITURE

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

OLIN ENGLAR GILBERT SR.

14. MOTHER'S MAIDEN NAME

DOROTHY RITTER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

W.W.I.

16. SOCIAL
SECURITY NO.

215-28-6105

17. INFORMANT

ADDRESS

MRS. ADELINE GILBERT (WIFE) SAME

18. 201X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from NOV. 23, 1952, to NOV. 30, 1952, that I last saw the
deceased alive on NOV 30, 1952, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23. SIGNATURE

J. D. H. Hubbard

23B. ADDRESS

M. D. Union Memorial Hosp.

23C. DATE SIGNED

Nov 30, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12-2-1952

24C. NAME OF CEMETERY OR CREMATORY

PROSPECT HILL

24D. LOCATION (City, town, or county)

TOWSON

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H.W. JENKINS & SONS Co. 4905 York Rd.

1980-1 SP

THE CHAIRMAN, JURY OF INQUEST
CERTIFICATE OF DEATH

1980-1 SP



MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and

SWALES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10884
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) Fred Swales2. DATE OF DEATH November 23, 1952
A. STATE md.
B. COUNTY _____

3. PLACE OF DEATH:

A. Baltimore City, Maryland Med. Dept.B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 4-02D. STREET ADDRESS (If rural, give location)
725 1/2 W. Saratoga St.c. Length of stay in Baltimore LifeYrs.
Mos.
Days5. SEX Male6. COLOR OR RACE Caucasian7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH 3-15-18879. AGE (In years: last birthday) 65
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, also if retired)
Janitor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) md.12. CITIZEN OF WHAT COUNTRY? USA13. FATHER'S NAME Fred Swales14. MOTHER'S MAIDEN NAME Julia15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no

16. SOCIAL SECURITY NO. _____

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL18. 163XDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of Lung
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C) _____II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 1952 to 11-28, 1952, that I last saw the deceased alive on 11-28, 1952, and that death occurred at 6:25 P.M., from the causes and on the date stated above.23A. SIGNATURE George A. Edwards23B. ADDRESS JOHNS HOPKINS HOSPITAL23C. DATE SIGNED 11-29-5224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE 12/3/5224C. NAME OF CEMETERY OR CREMATORY St. Peter's24D. LOCATION (City, town, or county) Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR
DEC 1 1952REGISTRAR'S SIGNATURE Huntington Williams25. FUNERAL DIRECTOR Mrs. H. NelsonADDRESS 72074 1303 Quastman St

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. NAME OF DECEASED <i>John A. Smith</i>		2. SEX <i>Male</i>	
3. AGE <i>45</i>		4. DATE OF BIRTH <i>Jan 15 1880</i>	
5. PLACE OF BIRTH <i>New York City</i>		6. OCCUPATION <i>Teacher</i>	
7. CAUSE OF DEATH <i>Heart Disease</i>		8. PLACE OF DEATH <i>Home</i>	
9. TIME OF DEATH <i>10:30 AM</i>		10. SIGNATURE OF DECEASED <i>John A. Smith</i>	
11. SIGNATURE OF WITNESSES <i>John A. Smith</i>		12. SIGNATURE OF DECEASED <i>John A. Smith</i>	
13. SIGNATURE OF DECEASED <i>John A. Smith</i>		14. SIGNATURE OF DECEASED <i>John A. Smith</i>	
15. SIGNATURE OF DECEASED <i>John A. Smith</i>		16. SIGNATURE OF DECEASED <i>John A. Smith</i>	
17. SIGNATURE OF DECEASED <i>John A. Smith</i>		18. SIGNATURE OF DECEASED <i>John A. Smith</i>	
19. SIGNATURE OF DECEASED <i>John A. Smith</i>		20. SIGNATURE OF DECEASED <i>John A. Smith</i>	
21. SIGNATURE OF DECEASED <i>John A. Smith</i>		22. SIGNATURE OF DECEASED <i>John A. Smith</i>	
23. SIGNATURE OF DECEASED <i>John A. Smith</i>		24. SIGNATURE OF DECEASED <i>John A. Smith</i>	
25. SIGNATURE OF DECEASED <i>John A. Smith</i>		26. SIGNATURE OF DECEASED <i>John A. Smith</i>	
27. SIGNATURE OF DECEASED <i>John A. Smith</i>		28. SIGNATURE OF DECEASED <i>John A. Smith</i>	
29. SIGNATURE OF DECEASED <i>John A. Smith</i>		30. SIGNATURE OF DECEASED <i>John A. Smith</i>	
31. SIGNATURE OF DECEASED <i>John A. Smith</i>		32. SIGNATURE OF DECEASED <i>John A. Smith</i>	
33. SIGNATURE OF DECEASED <i>John A. Smith</i>		34. SIGNATURE OF DECEASED <i>John A. Smith</i>	
35. SIGNATURE OF DECEASED <i>John A. Smith</i>		36. SIGNATURE OF DECEASED <i>John A. Smith</i>	
37. SIGNATURE OF DECEASED <i>John A. Smith</i>		38. SIGNATURE OF DECEASED <i>John A. Smith</i>	
39. SIGNATURE OF DECEASED <i>John A. Smith</i>		40. SIGNATURE OF DECEASED <i>John A. Smith</i>	
41. SIGNATURE OF DECEASED <i>John A. Smith</i>		42. SIGNATURE OF DECEASED <i>John A. Smith</i>	
43. SIGNATURE OF DECEASED <i>John A. Smith</i>		44. SIGNATURE OF DECEASED <i>John A. Smith</i>	
45. SIGNATURE OF DECEASED <i>John A. Smith</i>		46. SIGNATURE OF DECEASED <i>John A. Smith</i>	
47. SIGNATURE OF DECEASED <i>John A. Smith</i>		48. SIGNATURE OF DECEASED <i>John A. Smith</i>	
49. SIGNATURE OF DECEASED <i>John A. Smith</i>		50. SIGNATURE OF DECEASED <i>John A. Smith</i>	
51. SIGNATURE OF DECEASED <i>John A. Smith</i>		52. SIGNATURE OF DECEASED <i>John A. Smith</i>	
53. SIGNATURE OF DECEASED <i>John A. Smith</i>		54. SIGNATURE OF DECEASED <i>John A. Smith</i>	
55. SIGNATURE OF DECEASED <i>John A. Smith</i>		56. SIGNATURE OF DECEASED <i>John A. Smith</i>	
57. SIGNATURE OF DECEASED <i>John A. Smith</i>		58. SIGNATURE OF DECEASED <i>John A. Smith</i>	
59. SIGNATURE OF DECEASED <i>John A. Smith</i>		60. SIGNATURE OF DECEASED <i>John A. Smith</i>	
61. SIGNATURE OF DECEASED <i>John A. Smith</i>		62. SIGNATURE OF DECEASED <i>John A. Smith</i>	
63. SIGNATURE OF DECEASED <i>John A. Smith</i>		64. SIGNATURE OF DECEASED <i>John A. Smith</i>	
65. SIGNATURE OF DECEASED <i>John A. Smith</i>		66. SIGNATURE OF DECEASED <i>John A. Smith</i>	
67. SIGNATURE OF DECEASED <i>John A. Smith</i>		68. SIGNATURE OF DECEASED <i>John A. Smith</i>	
69. SIGNATURE OF DECEASED <i>John A. Smith</i>		70. SIGNATURE OF DECEASED <i>John A. Smith</i>	
71. SIGNATURE OF DECEASED <i>John A. Smith</i>		72. SIGNATURE OF DECEASED <i>John A. Smith</i>	
73. SIGNATURE OF DECEASED <i>John A. Smith</i>		74. SIGNATURE OF DECEASED <i>John A. Smith</i>	
75. SIGNATURE OF DECEASED <i>John A. Smith</i>		76. SIGNATURE OF DECEASED <i>John A. Smith</i>	
77. SIGNATURE OF DECEASED <i>John A. Smith</i>		78. SIGNATURE OF DECEASED <i>John A. Smith</i>	
79. SIGNATURE OF DECEASED <i>John A. Smith</i>		80. SIGNATURE OF DECEASED <i>John A. Smith</i>	
81. SIGNATURE OF DECEASED <i>John A. Smith</i>		82. SIGNATURE OF DECEASED <i>John A. Smith</i>	
83. SIGNATURE OF DECEASED <i>John A. Smith</i>		84. SIGNATURE OF DECEASED <i>John A. Smith</i>	
85. SIGNATURE OF DECEASED <i>John A. Smith</i>		86. SIGNATURE OF DECEASED <i>John A. Smith</i>	
87. SIGNATURE OF DECEASED <i>John A. Smith</i>		88. SIGNATURE OF DECEASED <i>John A. Smith</i>	
89. SIGNATURE OF DECEASED <i>John A. Smith</i>		90. SIGNATURE OF DECEASED <i>John A. Smith</i>	
91. SIGNATURE OF DECEASED <i>John A. Smith</i>		92. SIGNATURE OF DECEASED <i>John A. Smith</i>	
93. SIGNATURE OF DECEASED <i>John A. Smith</i>		94. SIGNATURE OF DECEASED <i>John A. Smith</i>	
95. SIGNATURE OF DECEASED <i>John A. Smith</i>		96. SIGNATURE OF DECEASED <i>John A. Smith</i>	
97. SIGNATURE OF DECEASED <i>John A. Smith</i>		98. SIGNATURE OF DECEASED <i>John A. Smith</i>	
99. SIGNATURE OF DECEASED <i>John A. Smith</i>		100. SIGNATURE OF DECEASED <i>John A. Smith</i>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 10885

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Wm A. STRAUBAUGH SR			2. DATE OF DEATH 11/29/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Balto. City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Earl Court Apts, Preston & St. Paul Sts.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 2, 1902	9. AGE (In years last birthday) 50	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10B. KIND OF BUSINESS OR INDUSTRY Baltimore Electric Supply Co		11. BIRTHPLACE (State or foreign country) Baltimore
13. FATHER'S NAME Henry J. Strausbaugh			14. MOTHER'S MAIDEN NAME Ellen Ryan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS Mt. Wm. A Strausbaugh jr. Helendale Rd Wash.		

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Heart Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. S. Fisher23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

11/29/5224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

12/2/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

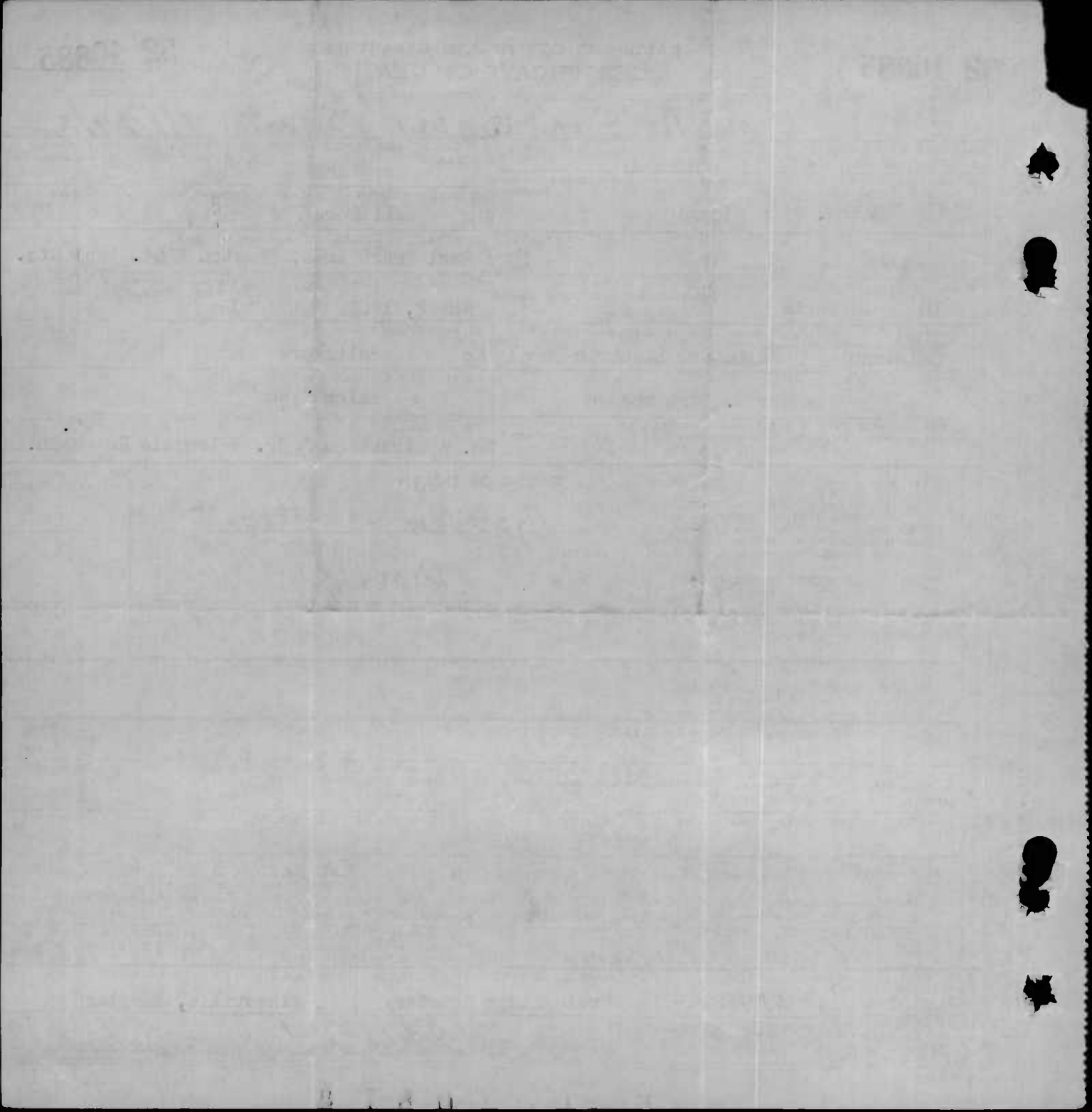
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. V. Mease & Son 2057 Calvert St

V S 151

49064 878



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10886

Registered No. _____

BIRTH NO. 52 10886 22-28152

1. NAME OF DECEASED (Type or Print) Robert J. Colon 2. DATE OF DEATH Nov. 30, 1952

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-03

D. STREET ADDRESS (If rural, give location) 712 S. Hollist St.

5. SEX male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S. 8. DATE OF BIRTH 11-19-1952 9. AGE (In years last birthday) 11 10. Under 1 Year Months! Days 11. Under 24 Hours Hours! Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chef 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Balto. Md 12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME Leslie Bassi 14. MOTHER'S MAIDEN NAME anna Kensiicki ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS

18. 764.0 CAUSE OF DEATH Dehydration INTERVAL BETWEEN ONSET AND DEATH 2 days.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Diarrhea and acidosis DUE TO

ANTECEDENT CAUSES (B) Diarrhea DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Multiple infectious

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29, 1952, to 11/30, 1952, that I last saw the deceased alive on 11/30, 1952, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE Paul M. J. [illegible] M. D. 23B. ADDRESS JOHNS HOPKINS HOSPITAL 23C. DATE SIGNED 11-30-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Dec. 2, 1952 24C. NAME OF CEMETERY OR CREMATORY Holy Rosary 24D. LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR DEC 1 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR Wm. S. Fialkowski ADDRESS 2007 Eastern Ave.

1968

STATE OF NEW YORK

CERTIFICATE OF DEATH

1968

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10887
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Haywood Bryant

2. DATE
OF
DEATH

11-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1518 E. Federal St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

1518 E. Federal St.

C. Length of stay in Baltimore

3 mo

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 12 1884

9. AGE (in years last birthday)

68

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Albert Bryant

14. MOTHER'S MAIDEN NAME

Winnie Bagan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs J. J. Morton

ADDRESS

1518 E. Federal St.

18. 443X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 26 1952 to Nov. 29 1952, that I last saw the deceased alive on Nov 28, 1952, and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-4-52

24C. NAME OF CEMETERY OR CREMATORY

Bryant's Crem

24D. LOCATION (City, town, or county) (State)

Ontario Virginia

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

DEC 1 1952

Huntington Williams, M.D. W. A. Jackson

ADDRESS

916 Penna Ave.

VS 150

10520830108800

1885

Aug. 12 1884

M.C.

Dep. Culture

Albert Bryant

Aug. 12 - 4-24 Bryant: Gen. Ontario

5 - 4 - 24

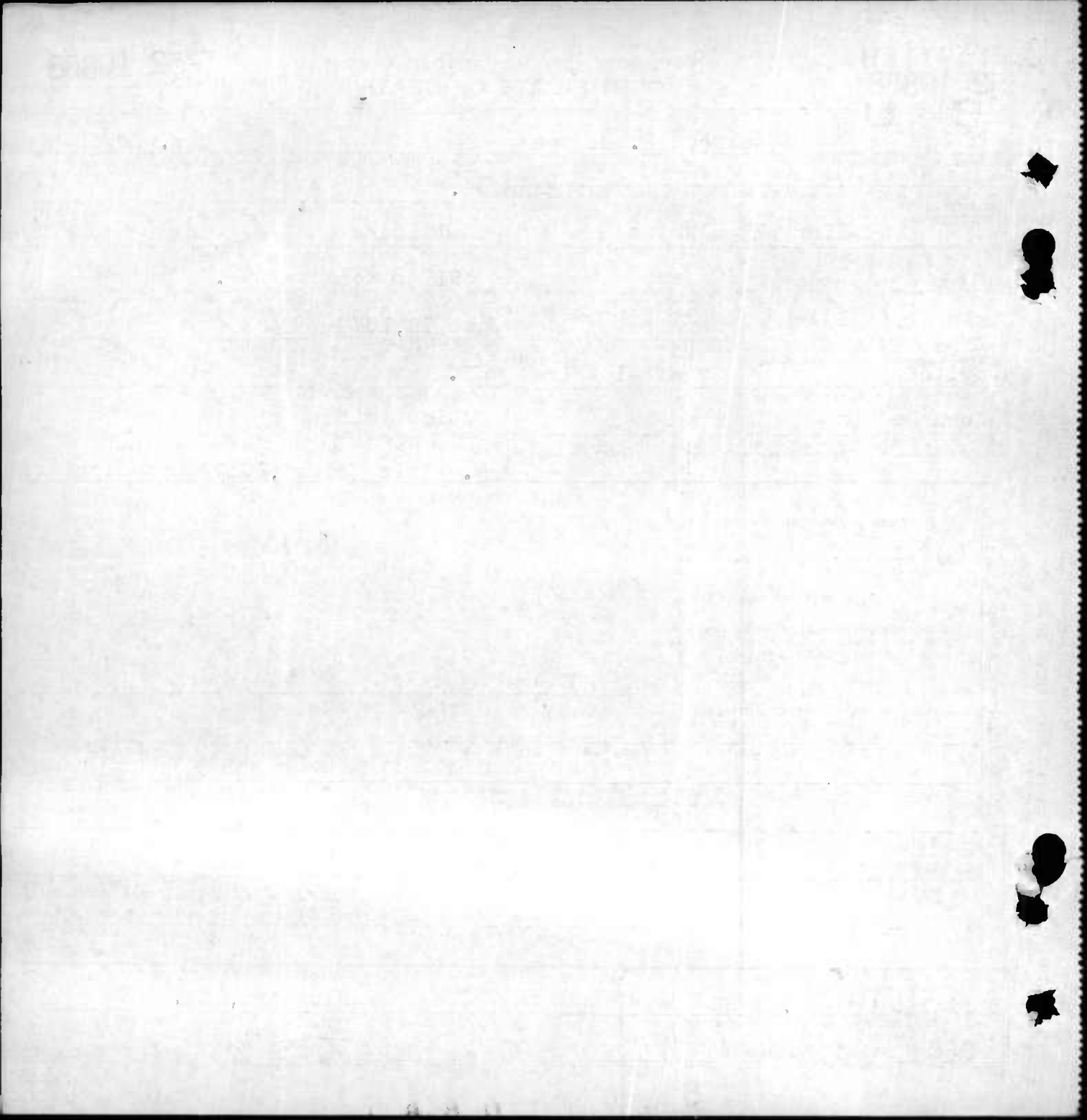
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10888**BIRTH NO. **52 10888**

1. NAME OF DECEASED (Type or Print) Ambrose H. Redman			2. DATE OF DEATH Nov. 30/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 836 Glen Allen Drive			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 60 yrs Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3917 Edmondson Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 16, 1870	9. AGE (In years last birthday) 82	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Grief Clothing	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Redman			14. MOTHER'S MAIDEN NAME Alice Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Elsie Redman, 3917 Edmondson Ave		

MEDICAL CERTIFICATION	18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Myocardial failure (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 hrs
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myodegeneration (B) DUE TO	6 months
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. arterio sclerosis (C)	2

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1950 , 19, to 11/30 , 19 52 , that I last saw the deceased alive on 3/11/52 and that death occurred at m. , from the causes and on the date stated above.		
23A. SIGNATURE W. Williams	23B. ADDRESS 3921 Edmondson Ave.	23C. DATE SIGNED 12/1/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 3/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park
24D. LOCATION (City, town, or county) Baltimore, Md.		(State)

DATE RECEIVED BY LOCAL REGISTRAR DEC 1 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Harry H. Hinkle	ADDRESS 4101 Edmondson Ave.
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10889
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Tidelside S. Baker.

2. DATE
OF
DEATH

Nov 29, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3632 Elm Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 13-06

D. STREET ADDRESS (If rural, give location)

3632 Elm Ave.

c. Length of stay in Baltimore

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widow.

8. DATE OF BIRTH

Mar 14, 1879

9. AGE (In years, last birthday)

73

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Wm. Spangler

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Helen Shuler - 3632 Elm Ave

18. *331X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

2 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

*Hypertension
arteriosclerosis*

*year
year*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-1-43* to *11/29/52*, that I last saw the deceased alive on *11/28/52* and that death occurred at *9 a.m.* from the causes and on the date stated above.

23A. SIGNATURE

James G. Saffell

23B. ADDRESS

Blue tree town, Md

23C. DATE SIGNED

11/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec 2/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Windsor Mill Rd Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Md

25. FUNERAL DIRECTOR

Clouston E. Donovan 3815 Roland Ave.

DEC 1 1952

VS 150

1052010802

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CASE NO.

FILE NO.

DATE

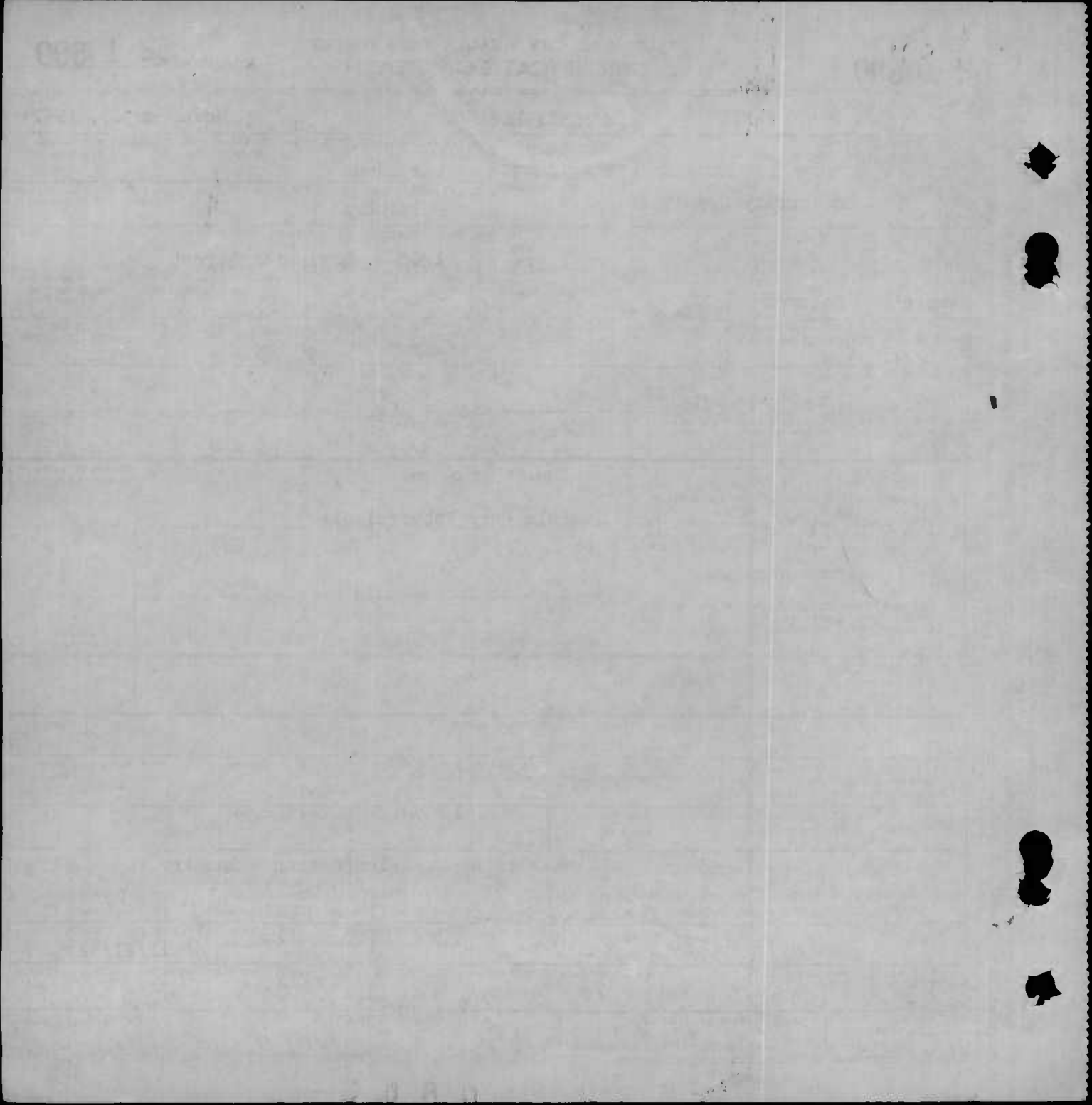
BY



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10890**

1. NAME OF DECEASED (Type or Print) JANIE MILBERRIE		2. DATE OF DEATH November 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 18-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write A.U.M.L. and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1206 W. Lexington Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12/24/1894
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Cromwell		14. MOTHER'S MAIDEN NAME Bessie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Tilda Casley		ADDRESS 1206 W. Lexington St.	
18. 002X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Pulmonary Tuberculosis	
DUE TO		(B) _____	
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DUE TO		(NA) _____	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10891**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA

HAYWARD

2. DATE
OF
DEATH

November 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

683 Vine Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 10, 1881

9. AGE (In years last birthday)

71

H Under 1 Year
Months Days

H Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Essex Co., Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Phillip Johnson

14. MOTHER'S MAIDEN NAME

Judie?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Ella Hayward

ADDRESS

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Willie Updegraff

23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR... M.D.

23C. DATE SIGNED

Nov. 26, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12/1/1952

W.T. Auburn Cem. Co.

Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 1 1952

Huntington Williams, M.D.

Kate R. Williams

3224

V S 151

1 9 5 2 0 1 0 8 0 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

10261 57

10261 57



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 10892**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Helen M. Campbell**2. DATE
OF
DEATH**11/28/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

BaltoB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**University Hosp.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore**16-02**

D. STREET ADDRESS (If rural, give location)

917 N. Stricker St. #17

c. Length of stay in Baltimore

30 yrs. 10 mos. 10 days

5. SEX

Female

6. COLOR OR RACE

Col.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

March 10, 19119. AGE (In years
last birthday)**41**If Under 1 Year
Months Days Hours Min.**8 18**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Domestic work**10B. KIND OF BUSINESS OR
INDUSTRY**-**

11. BIRTHPLACE (State or foreign country)

Washington D.C.12. CITIZEN OF
WHAT COUNTRY?**U.S.**

13. FATHER'S NAME

?**Gains**

14. MOTHER'S MAIDEN NAME

Louise LaFton15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**-**16. SOCIAL
SECURITY NO.**-**

17. INFORMANT

Mr Edward Campbell

ADDRESS

Same18. **445X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Uremia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Malignant Hypertension**

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH**28 days (known)****28 days (known)**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/30, 1952** to **11/28/52**, 19__, that I last saw the
deceased alive on **11/28/52**, 19__, and that death occurred at **8:40 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

George H. Smith

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11/28/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/2/1952

24C. NAME OF CEMETERY OR CREMATORY

Arkus Memorial

24D. LOCATION (City, town, or county)

Arkus Memorial

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schenck St.**DEC 1 1952**

VS 150

7288A 0885

1910

CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10893**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Manselle Valentine*2. DATE
OF
DEATH*Nov. 28, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*MD.*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*1606 Vincent Ct.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1606 Vincent Ct.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Cot.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 22, 1872

9. AGE (In years last birthday)

80

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hamilton Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Hamilton Woods

14. MOTHER'S MAIDEN NAME

Mary Champ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no; if unknown)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Salitha Valentine 1606 Vincent Ct.

ADDRESS

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)*(A) acute coronary - 2 hrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

*(B) Chronic Venous disease - 2 yrs*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 15, 1952* to *Nov 28, 1952*, that I last saw the deceased alive on *Nov 22, 1952*, and that death occurred at *9 A.* m., from the causes and on the date stated above.

23A. SIGNATURE

W. H. - Watts

M. D.

23B. ADDRESS

515 4 Green Ln

23C. DATE SIGNED

11/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial

24D. LOCATION (City, town, or county)

Arbutus

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 1 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Miss Katie R. Williams

ADDRESS

322 N

2-30 H 165361

52 10894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10894
Registered No.

1. NAME OF DECEASED (Type or Print) Angela Hughes			2. DATE OF DEATH 11.28.52.		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospital INSTITUTION 4940 Eastern Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1909 Boone St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 30, 1909		9. AGE (In years last birthday) 42 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker		10B. KIND OF BUSINESS OR INDUSTRY Cleaning Est.	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Edgar Morrow			14. MOTHER'S MAIDEN NAME Carrle Dennis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave (Records) ✓		
18. 002 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bilateral Far Advanced Tuberculosis (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH ?		
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11 27 ¹⁹⁵² , to 11.28 ¹⁹⁵² , that I last saw the deceased alive on 11.28 ¹⁹⁵² , and that death occurred at 3.25 a ¹⁹⁵² m., from the causes and on the date stated above.					
23A. SIGNATURE H. Williams		23B. ADDRESS M. D.		23C. DATE SIGNED 11.28.52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-2-52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR ADDRESS Elsworth Arnacost			
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

CAUSE OF INFECTION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 10895**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Newcomer Beynon

2. DATE
OF
DEATH

Dec. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION

3210 Hayward Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15

D. STREET ADDRESS (If rural, give location)

3210 Hayward Ave.

C. Length of stay in Baltimore

28 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 10, 1924

9. AGE (In years last birthday)

28

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Seafood

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Martin Beynon

14. MOTHER'S MAIDEN NAME

Sarah E. Newcomer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

220-18-4104

17. INFORMANT

Mrs. P. Beynon (Wife)

ADDRESS

18. **415X**

CAUSE OF DEATH

3210 Hayward Ave.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Occlusion**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Rheumatic cardiovascular**

DUE TO

disease

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Sept. 1949**, to **Oct. 1952**, that I last saw the deceased alive on **Oct. 15, 1952**, and that death occurred at **6 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 3, 52

24C. NAME OF CEMETERY OR CREMATORY

Laudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 1 1952

Huntington Williams, M.D.

4000 Liberty Hgts. Ave. 7, Md.

VS 150

5 49063 0880

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be fully stated. The correct age is important. Physicians: please write the causes of death clearly and legibly.



M-400
52 10896

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10896
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Anna Elizabeth Muhl</i>		2. DATE OF DEATH <i>Sat., Nov. 29, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 23-00</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>18 E. Randall St.</i>		D. STREET ADDRESS (If rural, give location) <i>18 E. Randall St</i>		5. LENGTH OF STAY IN BALTIMORE <i>Lip -</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Aug. 19, 1890</i>	9. AGE (In years last birthday) <i>62</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bookbinder</i>		10B. HAND OR BUSINESS OR INDUSTRY <i>Paper Distributor</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>Charles William Muhl</i>		14. MOTHER'S MAIDEN NAME <i>Henrietta Joeckel</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT (Name) ADDRESS <i>Mrs. Helma G. Gauda 8 D ST. S.W.</i>	
18. <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Bowel metastases</i>		CAUSE OF DEATH <i>Carcinoma of Bowel metastases</i>		INTERVAL BETWEEN ONSET AND DEATH <i>9 mos.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Arteriosclerosis</i>					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/6/52</i> , 19 <i>52</i> , to <i>11/29</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>11/29</i> , 19 <i>52</i> , and that death occurred at <i>2:30 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Walsh Kohn</i>		23B. ADDRESS <i>102 E. Fort Ave</i>		23C. DATE SIGNED <i>12/1/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 2, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>P. Howard Evans</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 1 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>P. Howard Evans</i>	

VS 150

50241/4000 Charles St Balto 30 Wg

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

000001 00

COMMITTEE ON THE JUDICIARY

OFFICE OF THE CLERK

UNITED STATES SENATE

WASHINGTON, D. C. 20540

TELEPHONE (202) 512-1000

FACSIMILE (202) 512-1000

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10897
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John W. Clay

2. DATE
OF
DEATH

November 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1701 N. Collington Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1701 N. Collington Avenue

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH

April 25, 1896

9. AGE (In years last birthday)

56

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tavern Proprietor

10B. KIND OF BUSINESS OR INDUSTRY

Retired 7 years

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

George Clay

14. MOTHER'S MAIDEN NAME

Margaret B. Selig

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS Avenue

Mrs. Christine Harding 1701 N. Collington

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

1 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerosis
Diabetes Mellitus
Obesity

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1952 to Nov. 30, 1952, that I last saw the deceased alive on Mar 9, 1952, and that death occurred at 2:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

L. J. Kline

23B. ADDRESS

2628 E. Monument St

23C. DATE SIGNED

12/1/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

VS 150

95 28064 08 Horace F. Burgee

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10898
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles F. Argabright

2. DATE
OF
DEATH

12/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore, Maryland*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-14

D. STREET ADDRESS (If rural, give location)

4626 Schenley Road

c. Length of stay in Baltimore

54 years

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6/1/1884

9. AGE (In years last birthday)

68

10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10. USUAL OCCUPATION (If deceased was a housewife, write HOUSEWIFE) 10B. KIND OF BUSINESS OR WORK DECEASED WAS ENGAGED IN

Special Investigator

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Argabright

14. MOTHER'S MAIDEN NAME

Josephine Larkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or date of service)

Yes 1st World War

16. SOCIAL SECURITY NO.

212-12-0379

17. INFORMANT

Florence Argabright

ADDRESS

Same address

18. *422.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Heart failure*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Tobacco pneumonia*

DUE TO

(C) *A.C.V.D.*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *11/26/52*, 19*52*, to *12/1/52*, 19*52*, that I last saw the deceased alive on *11-30*, 19*52*, and that death occurred at *3:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

J. Lehmann

23B. ADDRESS

F.S.H. Balt. Md.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 1 1952

Huntington Williams

Burgee Funeral Home 3631 Park Road

VS 150

195 229 0240

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10899**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANKLIN H. GEES

2. DATE
OF
DEATH

11-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

UNION MEM HOSPT.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2414 LOCH TAYNE RD.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., lo or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/30, 1952*, to *11/30, 1952*, that I last saw the deceased alive on *11/30, 1952*, and that death occurred at *10:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

George W. Huntington Jr.

M. D.

1114 St. Paul St.

11/30/52

24A. FUNERAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Funerary & Son

DEC 1 1952

1 9 552250 + 0 8 0 2

Funerary & Son

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0001 02

AT 1000 HOURS

0001 02

1. The first part of the report is a summary of the work done during the last week.

2. The second part is a detailed account of the experiments carried out.

3. The third part is a discussion of the results obtained and their significance.

4. The fourth part is a conclusion drawn from the work done.

5. The fifth part is a list of references.

6. The sixth part is a list of symbols and abbreviations.

7. The seventh part is a list of figures.

8. The eighth part is a list of tables.

9. The ninth part is a list of appendices.

10. The tenth part is a list of footnotes.

11. The eleventh part is a list of references.

12. The twelfth part is a list of symbols and abbreviations.

13. The thirteenth part is a list of figures.

14. The fourteenth part is a list of tables.

15. The fifteenth part is a list of appendices.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10900**

NAME OF DECEASED
(Type or Print)

ETHEL BANKERT

2. DATE OF DEATH
Nov. 29, 1952

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)
Baltimore City Hospitals

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
301 S. Lehigh Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
DIVORCED

8. DATE OF BIRTH

JULY 26, 1898

9. AGE (In years last birthday)

54

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John WISE

14. MOTHER'S MAIDEN NAME

UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Margaret DENNISON, 301 Lehigh St

ADDRESS

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc.; it means the disease, injury or complication which caused death.)

(A) **CORONARY ARTERY SCLEROSIS**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
Nov. 29, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Dec. 3 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood - Ceme

24D. LOCATION (City, town, or county)

taylor ave.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

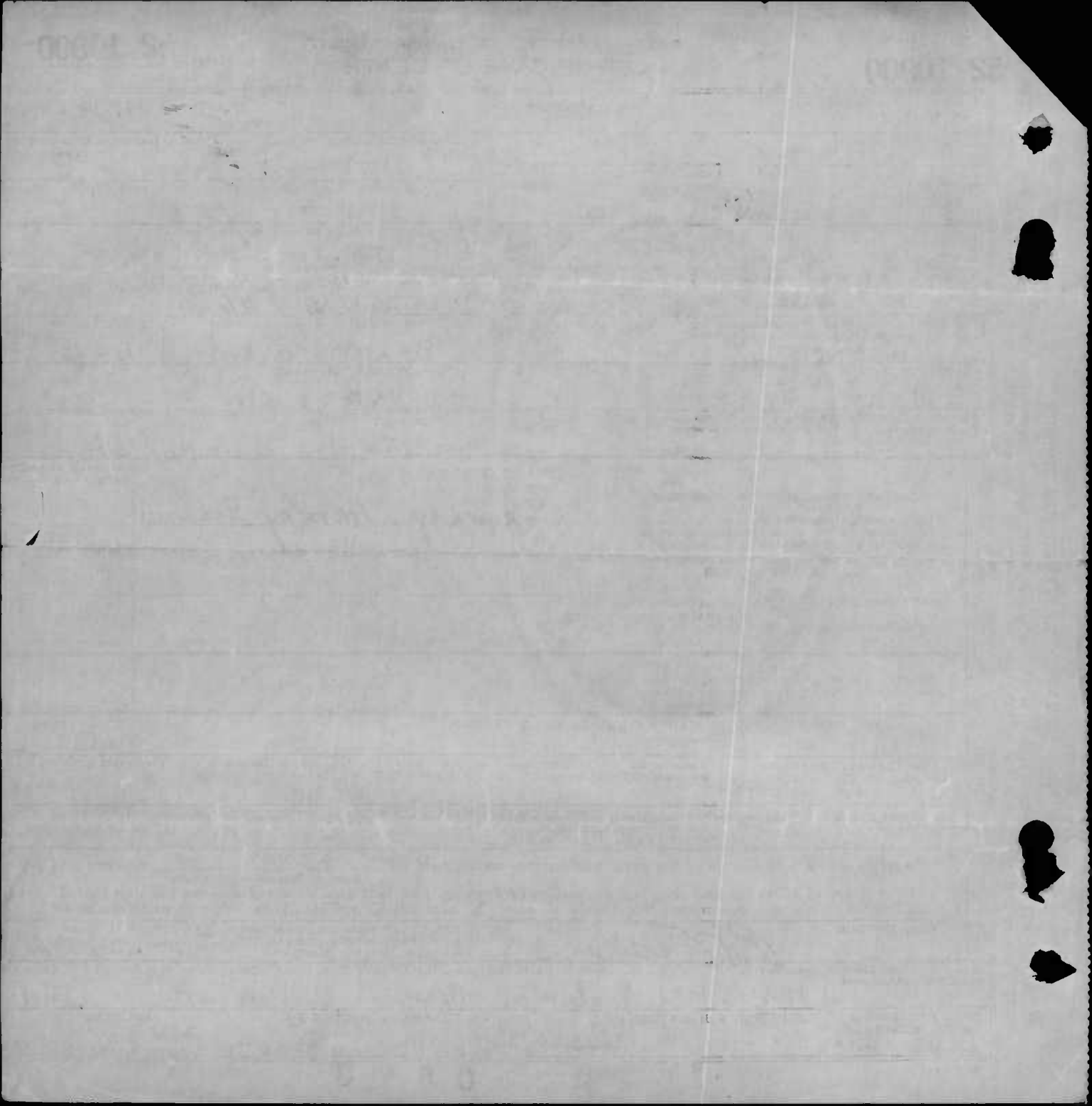
WENDELL J. DIPPEL

ADDRESS

312 S. Highland Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be given fully and correctly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10901**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY. BLUMENSTOCK.

2. DATE
OF
DEATH

29 Nov 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION

1319 E. Pratt.

C. CITY OR TOWN (If outside corporate limits, write full name of township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1319 E. Pratt St.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 20. 1898.

9. AGE (in years last birthday)

53.

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teamster

10B. KIND OF BUSINESS OR INDUSTRY

Teamster

11. BIRTHPLACE (State or foreign country)

Marian Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry Blumenstock

Teamster

14. MOTHER'S MAIDEN NAME

Jennie Claybaugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

1st. World War 212-01-2240

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary Blumenstock

ADDRESS

1319 E. Pratt St.

18. **433.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Arterial Fibrillation**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) **Partial Heart Block**

2-3 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr 1952**, to **29 Nov**, 19**52**, that I last saw the deceased alive on **29 Nov**, 19**52**, and that death occurred at **5:10 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

J. Kulla M.D.

23B. ADDRESS

2214 P. Fayette St

23C. DATE SIGNED

30 Nov 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Dec 3 1952

24C. NAME OF CEMETERY OR CREMATORY

U.S. National

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

WINDLE D. DIPPEL

ADDRESS

3425 Highland Ave

VS 150

1952 286950804

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is essential. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

STATE OF NEW YORK

18 1903

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Burial Officer

Signature of Minister of Religion

Signature of Undertaker

Signature of Funeral Home

Signature of Cemetery

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10902**

52 10902
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Wilhelmina C. Thorn		2. DATE OF DEATH Nov. 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2860 Harlem Ave.,		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2860 Harlem Ave.,	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 9, 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10B. KIND OF BUSINESS OR INDUSTRY --	9. AGE (In years last birthday) 56
11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Gottlieb Scheible		14. MOTHER'S MAIDEN NAME Wilhelmina C. Schlag	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Joseph J. Thorn, Sr.		ADDRESS 2860 Harlem Ave.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis DUE TO cardio-vascular disease		INTERVAL BETWEEN ONSET AND DEATH 1 day about 1 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio sclerosis DUE TO		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 27 , 19 52 , to Nov 29 , 19 52 , that I last saw the deceased alive on Nov 28 , 19 52 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Thaler J. T. Hitt		23B. ADDRESS 2220 Harrison Blvd		23C. DATE SIGNED Nov 29/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-2-1952	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 1952	REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Howard Strong
		ADDRESS 3207 W. North Ave.	

VS 150

520010895

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

80001-52

SLT 1 52



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 10903

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) Charles J. Roth

2. DATE OF DEATH Nov. 29, 1952
Nov 29 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2237 E. Biddle St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. B. COUNTY 8-04

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto

C. Length of stay in Baltimore Life

D. STREET ADDRESS (If rural, give location)
2237 E. Biddle St (Biddle St)

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov 27 1899

9. AGE (in years last birthday)

53

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lithographer

10B. KIND OF BUSINESS OR INDUSTRY

conductor

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. A. Roth

14. MOTHER'S MAIDEN NAME

Margaret Beck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. L. Roth, 2237 E. Biddle St

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion
Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
10 days
1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1952, to Nov. 29, 1952 that I last saw the deceased alive on Nov. 28, 1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Alfred J. Ingenua

23B. ADDRESS

1613 E. North Ave

23C. DATE SIGNED

Dec. 1/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec 27 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Belair Road

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Geo. S. Leach 121-03 N. Patterson Park Ave

VS 150

19525071 3780A

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be supplied. The correct age is very important. Physicians: please write the causes of death clearly and fully.

100

CERTIFICATE OF DEATH

100



CERTIFICATE CORRECTED 12-8-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 10904

BIRTH NO. 52 10904

1. NAME OF DECEASED (Type or Print) <i>Minnie L Clifton</i>			2. DATE OF DEATH <i>11-30-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>27-06</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2916 Bayonne Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt</i>		
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>			D. STREET ADDRESS (If rural, give location) <i>2916 Bayonne Ave</i>		
5. SEX <i>Fm</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1887</i> <i>10-6-1887</i>	9. AGE (In years last birthday) <i>65</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balt Md</i>
13. FATHER'S NAME <i>Charles Stoffregen</i>			14. MOTHER'S MAIDEN NAME <i>Lillian Thomas</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Harry Clifton 2916 Bayonne Ave</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive Cardiovascular disease</i>		CAUSE OF DEATH <i>Sudden death from Cerebral Embolism</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		(C) DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION <i>none</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Dec 11</i> , 19 <i>51</i> , to <i>Nov 30</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Nov 29</i> , 19 <i>52</i> and that death occurred at <i>9 a.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Joseph Zierler</i>		23B. ADDRESS <i>2318 E. W. Place</i>		23C. DATE SIGNED <i>Dec 1/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>12-3-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Focus Presby</i>	24D. LOCATION (City, town, or county) (State) <i>Balt Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 1 1952</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>L. H. Brock 5305 Harford Rd</i>		

Mr. Ziecke
2318 Eutan Pl

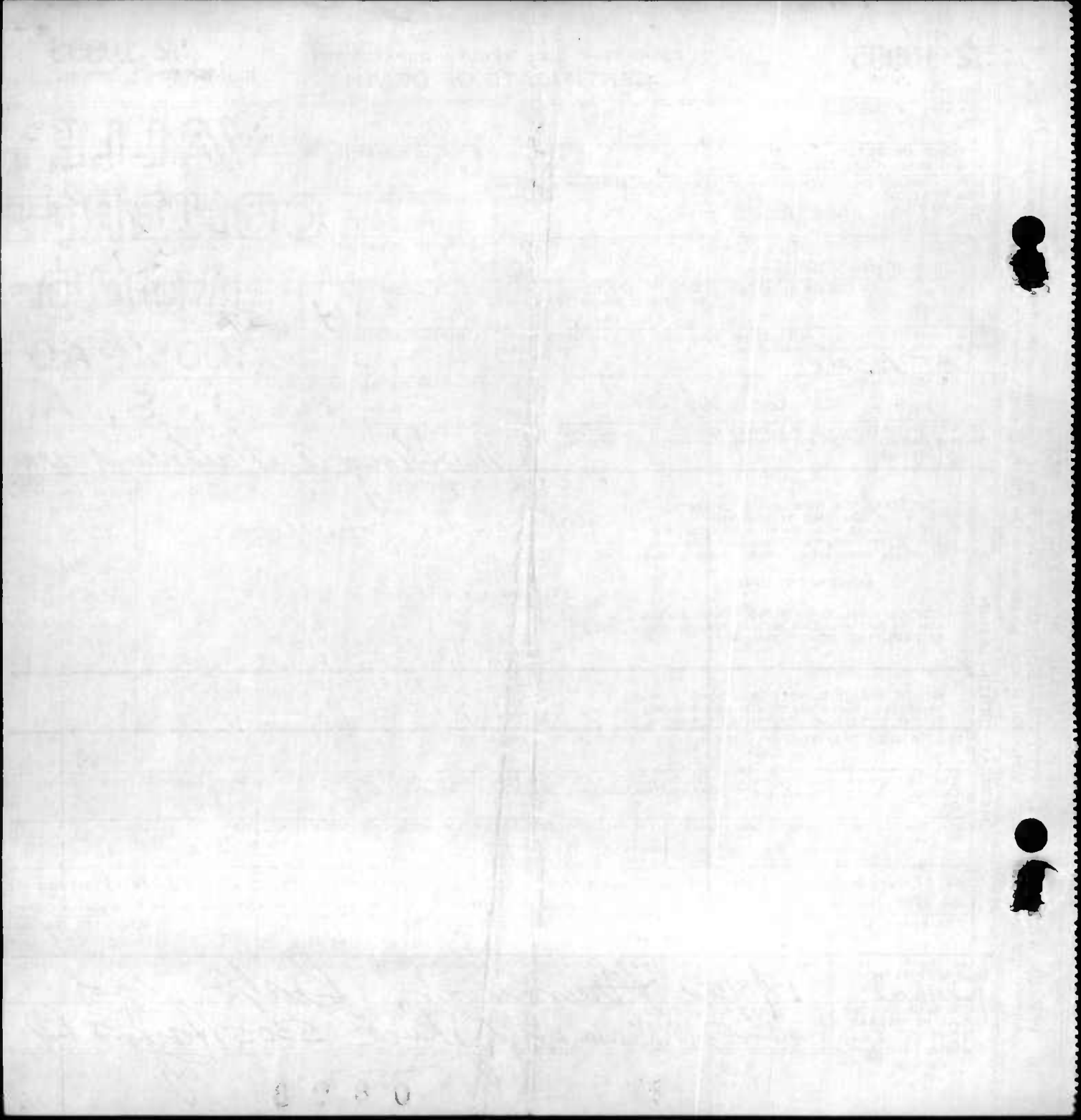
1

364
52 10905BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10905

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>MRS. ALVERDA SUTHERLAND</u>		2. DATE OF DEATH <u>Nov 30, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>MD.</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERCY HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u>			
c. Length of stay in Baltimore <u>LIFE</u>		D. STREET ADDRESS (If rural, give location) <u>700 WINSTON AVE</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 23, 1894</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>-</u>		9. AGE (In years last birthday) <u>57</u>	
13. FATHER'S NAME <u>Wm. B. Glendhill</u>		14. MOTHER'S MAIDEN NAME <u>Agnes Nichols</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mr. George G. Sutherland</u>	
18. <u>420.0 apnd 260x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>myocardial infarction</u>		CAUSE OF DEATH (A) <u>myocardial infarction</u> DUE TO (B) <u>coronary thrombosis</u> DUE TO (C) <u>coronary arteriosclerosis</u> <u>(arteriosclerotic heart disease)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>several wks.</u> <u>several wks.</u> <u>several yrs.</u> <u>diabetes mellitus, generalized arteriosclerosis, thrombosis Rt. popliteal artery</u> <u>several yrs.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov 15, 1952</u> to <u>Nov 30, 1952</u> that I last saw the deceased alive on <u>Nov 30, 1952</u> and that death occurred at <u>4:45 pm.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>R. H. Trining</u>		23B. ADDRESS <u>Mercy Hospital</u>		23C. DATE SIGNED <u>12/30/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12/3/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Greenmount</u>	
24D. LOCATION (City, town, or county) (State) <u>Bald Md</u>		24E. NAME OF FUNERAL DIRECTOR <u>Huntington Williams, M.D.</u>		24F. ADDRESS <u>5305 Harford Rd</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 1 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>R. Ruck</u>	



52 10906

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10906

1. NAME OF DECEASED
(Type or Print)

Elizabeth M. O'Bryan

2. DATE
OF
DEATH

11-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3035 Mayfield Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3035 Mayfield Ave

c. Length of stay in Baltimore

1 yr.

5. SEX

Fm

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Nov. 12-1881

9. AGE (In years last birthday)

71

10. Under 1 Year 11. Under 24 Hours

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR INDUSTRY

-

13. FATHER'S NAME

William A. ARBIN

14. MOTHER'S MAIDEN NAME

Mary Walz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

William O'Bryan

ADDRESS 3035 Mayfield Ave

18.

174X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma - uterus

DUE TO

(B) Generalized Metastasis

DUE TO

(C) Metastatic carcinoma - generalized

INTERVAL BETWEEN ONSET AND DEATH

8 Mo?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1952 to Nov. 29, 1954 that I last saw the deceased alive on Nov. 26, 1952, and that death occurred at 10 PM., from the causes and on the date stated above.

23A. SIGNATURE

James J. Flinn

M. D.

23B. ADDRESS

2623 E. Monaca Ave

23C. DATE SIGNED

11/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 22

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

DEC 1 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. A. Mohr 5305 Mayfield Ave

ADDRESS

Mr. Kline
2623 E. Monument A
6³⁰ Sat

MARGIN RESERVED FOR BINDING

1-520
G52612
10907

CERTIFICATE CORRECTED 12/17/52 25
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10907

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister Mary Gervase, O.S.F.

2. DATE
OF
DEATH

Nov. 30-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

1400 N. Caroline Street - 13

C. Length of stay in Baltimore

19 yr.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 8, 1889

9. AGE (In years
last birthday)

63

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Religious

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Trenton, N.J.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Innes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mary Craney

ADDRESS

St. Joseph's Hospital

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Generalized Carcinomatosis

DUE TO (bone metastasis; metastasis to
lungs and liver)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO Right breast, primary site

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29 th, 1952 to Nov. 30th, 1952, that I last saw the
deceased alive on Nov. 30th, 1952, and that death occurred at 10:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles E. Smith

23B. ADDRESS

1400 N. Caroline Street -13

23C. DATE SIGNED

Nov. 30, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

DEC 1 1952

24B. DATE

12/3/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Balto Md

24D. LOCATION (City, town, or county)

Balto Md

(State)

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ruck

ADDRESS

5305 Hayford Rd

VS 150

1 9 5 2 1 0 7 8 8 2 9 0 0

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See query reply in Document File

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10908

Registered No. _____

52 10908

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN M. O'HARA

2. DATE
OF
DEATH

11/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4424 Powell Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Sept. 10, 1883

9. AGE (In years
last birthday)

69

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Machinist - Gas & Electric

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James E. O'Hara

14. MOTHER'S MAIDEN NAME

Sarah A. Corcoran

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-05-482- Mrs Margaret O'Hara - Same

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Uremic state - post
operative

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

10 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of the Head of the Pancreas 4+ months

19A. DATE OF OPERATION

11/22/52

19B. MAJOR FINDINGS OF OPERATION

Stones cystic duct & gall bladder Carcinoma of the
head of the pancreas

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20, 1952, to 11/30, 1952, that I last saw the
deceased alive on 11/30, 1952, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard C. Packard

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-3-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeem

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

M. J. 530 52 Bayford Rd

ADDRESS

VS 150

1 5 2 5 4 5 6 9 0 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1908

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10909

C-550
52 10909

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Daisy Viola Cowman

2. DATE
OF
DEATH

November 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

1400 N. Caroline St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

4726 Pimlico Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 7, 1886

9. AGE (In years last birthday)

66

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sales Lady

10B. KIND OF BUSINESS OR INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Baltimore County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel L. Leight

14. MOTHER'S MAIDEN NAME

Priscilla P. Osborn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Henry H. Cowman 4726 Pimlico Rd.

18.

4701

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 23, 1952, to November 28, 1952, that I last saw the deceased alive on November 19, 1952 and that death occurred at 11:40 PM from the causes and on the date stated above.

23A. SIGNATURE

E. Paul Coffey Jr.

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

11/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Dec 2/52

24D. LOCATION (City, town, or county)

St. Paul Lutheran

24E. LOCATION (City, town, or county) (State)

Upperco, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 1 1952

Huntington Williams, M.D.

Loring Byers 5005 Park Heights Ave

VS 150

15249069 0902

PLEASE WRITE CAREFULLY, WITH UNFADING INK. Every item of information should be clearly and correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and correctly.

000000

000000



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ALBANY, N. Y.

1910

1910

IN SENATE,
January 10, 1910.
REPORT
OF THE
COMMISSIONER OF THE LAND OFFICE,
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1909.
ALBANY: J. B. LANE, PRINTERS.
1910.

PRINTED BY THE
STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ALBANY, N. Y.

1910

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W 250
52 10911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10911

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Margaret Ellen Wickham			2. DATE OF DEATH Nov. 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 518 Stamford Rd.			D. STREET ADDRESS (If rural, give location) 518 Stamford Road			c. Length of stay in Baltimore 8-- Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 17, 1871		9. AGE (in years last birthday) 81	11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife			10B. KIND OF BUSINESS OR INDUSTRY --			14. MOTHER'S MAIDEN NAME Jane Clayton		
13. FATHER'S NAME George Rawling			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Joseph H. Wickham, Jr.			ADDRESS 518 Stamford Rd.					

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease DUE TO Cardiac Failure			INTERVAL BETWEEN ONSET AND DEATH 7 years		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral Hemorrhage, old			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 11/29, 1952 to Nov 29, 1952, that I last saw the deceased alive on 11/29, 1952 and that death occurred at 9 A m., from the causes and on the date stated above.					
23A. SIGNATURE Howard E. Woodward, M.D.		23B. ADDRESS University Hospital		23C. DATE SIGNED 12/1/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-2-1952		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 1 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR G. Howard Strong		ADDRESS 3207 W. North Ave.			

MARGIN RESERVED FOR BINDING

Sr. S. R. Reed Jr.
11 E Chase St

1110 8580

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-432 52 10912 52-29579		GLODEK		52 10912	
BALTIMORE CITY HEALTH DEPARTMENT				Registered No.	
BIRTH NO. <i>Dorothy Ann Glodek</i>				CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) <i>Baby Girl Glodek</i>			2. DATE OF DEATH <i>12-1-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Maryland Gen. Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>3207 Betlow James place</i>		
5. SEX <i>Fe</i>	6. COLOR OF RACE <i>n</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>11-30-52</i>	9. AGE (In years last birthday)	If Under 1 Year Months Days <i>1 5</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Joseph Glodek</i>			14. MOTHER'S MAIDEN NAME <i>Jean Bytella</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Joseph Glodek</i> ADDRESS <i>3207 Betlow James place</i>		
18. <i>762.5 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <i>Congenital Atelectasis</i> (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Prematurity & Club Feet</i>					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-30</i> , 1952, to <i>12-1-</i> , 1952, that I last saw the deceased alive on <i>12-1-</i> , 1952, and that death occurred at <i>7:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>A. P. Vicente</i> M. D.			23B. ADDRESS <i>Maryland Gen. Hospital</i>		23C. DATE SIGNED <i>12-1-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 2, 1952</i>	24C. NAME OF CEMETERY OR REPOSITORY <i>Holy Cross Brooklyn</i>		24D. LOCATION (City, town, or county) (State) <i>A. A. COUNTY Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 2 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>George Q. Weber</i> ADDRESS <i>705 S. Ann st</i>	

520010905

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[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10913

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hardesty, James Owen

2. DATE
OF
DEATH

November 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1919 Dundalk Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

April 28, 1884

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Motorman

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James A. Hardesty

14. MOTHER'S MAIDEN NAME

Laura Harwood

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lillian Hardesty

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of the large bowel

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized carcinomatosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 17, 1952, to November 30, 1952 that I last saw the deceased alive on Nov. 30, 1952 and that death occurred at 5:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline St.

Nov. 30, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 2 1952

Huntington Williams, M.D.

Ullrich Funeral Home 2008 Orleans St.

VS 150

5 2661 50 9 0 6

CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10914****52 10914**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMILY

STANLEY

2. DATE
OF
DEATH

November 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

110 N. Chapel Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

9-10-1877

9. AGE (In years

last birthday)

75

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Mills

14. MOTHER'S MAIDEN NAME

Rebecca ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MILTON V. STANLEY 110 N. CHAPEL ST

18.

4 yr 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Stanley

23B. CHIEF MEDICAL EXAMINER.....☐ M.D.
23C. DATE SIGNED
MEDICAL INVESTIGATOR.....☒ 12/1/5223C. DATE SIGNED
12/1/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

12-4-52

MT. CALVARY

A.A. COUNTY, Md

DATE RECEIVED BY
LOCAL REGISTRAR

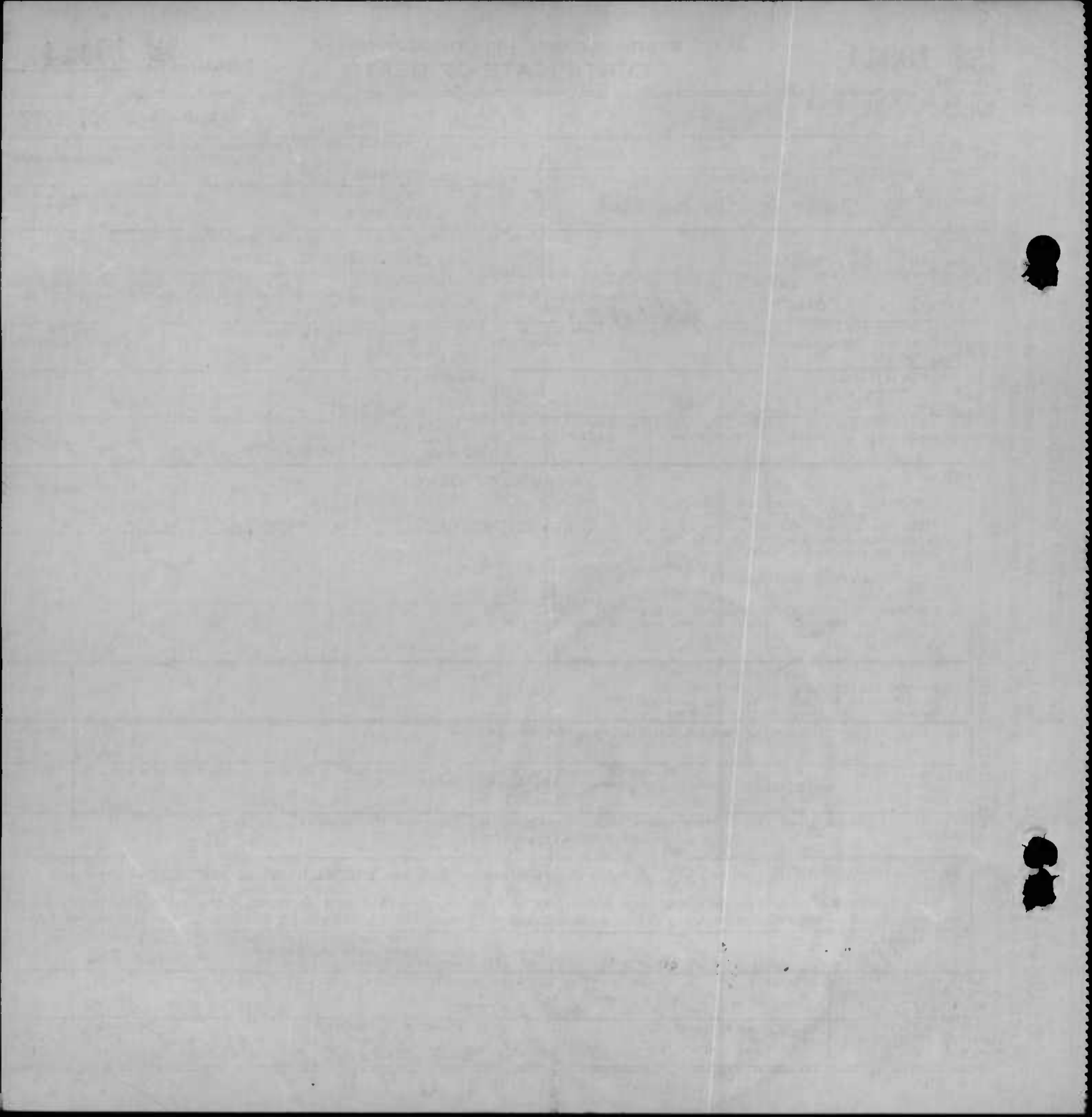
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 2 1952

Huntington Williams, M.D. Joseph S. Rock Jr 1304 N. Central Ave



H-362
52 10945BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10915

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harold L. Hetrick

2. DATE
OF
DEATH

Nov 30-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1019 N 37th St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-06

D. STREET ADDRESS (If rural, give location)

1019 N 37th St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

May 5-1889

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pipe fitter

10B. KIND OF BUSINESS OR
INDUSTRY

Pen. RR

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Theodore Hetrick

14. MOTHER'S MAIDEN NAME

Mary Ostloff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

717-07-7057

17. INFORMANT

Herbert F Hetrick 3625 Elms Dr

ADDRESS

18.

421.4 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Absorption of heart
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

2-year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertension
DUE TO
(C)

4-year

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27-1952 to 11-30-1952, that I last saw the
deceased alive on 11-29, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

M. D. 3632 Island Ave

23C. DATE SIGNED

12-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial 12-3-52

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

St Marys (Stumpden)

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank H. Saut 814 N 36th St

ADDRESS

DEC 2 1952

VS 150

5740501 0000

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is essential. Physicians: please write the causes of death clearly and

1. Name of the deceased		2. Service number	
3. Date of death		4. Place of death	
5. Cause of death		6. Remarks	
7. Signature of the medical officer		8. Signature of the commanding officer	
9. Date of completion of report		10. Name of the medical officer	
11. Name of the commanding officer		12. Name of the medical officer	
13. Name of the medical officer		14. Name of the commanding officer	
15. Name of the medical officer		16. Name of the commanding officer	
17. Name of the medical officer		18. Name of the commanding officer	
19. Name of the medical officer		20. Name of the commanding officer	
21. Name of the medical officer		22. Name of the commanding officer	
23. Name of the medical officer		24. Name of the commanding officer	
25. Name of the medical officer		26. Name of the commanding officer	
27. Name of the medical officer		28. Name of the commanding officer	
29. Name of the medical officer		30. Name of the commanding officer	
31. Name of the medical officer		32. Name of the commanding officer	
33. Name of the medical officer		34. Name of the commanding officer	
35. Name of the medical officer		36. Name of the commanding officer	
37. Name of the medical officer		38. Name of the commanding officer	
39. Name of the medical officer		40. Name of the commanding officer	
41. Name of the medical officer		42. Name of the commanding officer	
43. Name of the medical officer		44. Name of the commanding officer	
45. Name of the medical officer		46. Name of the commanding officer	
47. Name of the medical officer		48. Name of the commanding officer	
49. Name of the medical officer		50. Name of the commanding officer	
51. Name of the medical officer		52. Name of the commanding officer	
53. Name of the medical officer		54. Name of the commanding officer	
55. Name of the medical officer		56. Name of the commanding officer	
57. Name of the medical officer		58. Name of the commanding officer	
59. Name of the medical officer		60. Name of the commanding officer	
61. Name of the medical officer		62. Name of the commanding officer	
63. Name of the medical officer		64. Name of the commanding officer	
65. Name of the medical officer		66. Name of the commanding officer	
67. Name of the medical officer		68. Name of the commanding officer	
69. Name of the medical officer		70. Name of the commanding officer	
71. Name of the medical officer		72. Name of the commanding officer	
73. Name of the medical officer		74. Name of the commanding officer	
75. Name of the medical officer		76. Name of the commanding officer	
77. Name of the medical officer		78. Name of the commanding officer	
79. Name of the medical officer		80. Name of the commanding officer	
81. Name of the medical officer		82. Name of the commanding officer	
83. Name of the medical officer		84. Name of the commanding officer	
85. Name of the medical officer		86. Name of the commanding officer	
87. Name of the medical officer		88. Name of the commanding officer	
89. Name of the medical officer		90. Name of the commanding officer	
91. Name of the medical officer		92. Name of the commanding officer	
93. Name of the medical officer		94. Name of the commanding officer	
95. Name of the medical officer		96. Name of the commanding officer	
97. Name of the medical officer		98. Name of the commanding officer	
99. Name of the medical officer		100. Name of the commanding officer	

52 10916

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10916

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Franklin Vettters

2. DATE
OF
DEATH

Dec. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2123 Sidney Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

2123 Sidney Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

Dec. 15, 1886

9. AGE (In years
last birthday)

65 yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Highway Inspector

10B. KIND OF BUSINESS OR
INDUSTRY

City of Balto.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Edward Vettters

14. MOTHER'S MAIDEN NAME

Ida Virginia Turner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

yes

1908 to 1911

16. SOCIAL

SECURITY NO.
217-22-0145

17. INFORMANT

Mrs. Anna Kreiger 2123 Sidney Ave.

ADDRESS

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOCoronary Thrombosis
Hypertensive P. U. D.1 day
2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1952, to 12/1, 1952, that I last saw the
deceased alive on 12/1, 1952, and that death occurred at 21 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 4 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

24D. LOCATION (City, town, or county)

Ritchie Highway Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 2 1952 Huntington Williams, M.D.

KRAUSE FUNERAL HOME 1216S. Charles St.

VS 150

5533 240909

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

103-82

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100-100000



52 10917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10917
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM SCHMIDT

2. DATE
OF
DEATH

NOV 30 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

6211 EVERALL AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 27-34

D. STREET ADDRESS (If rural, give location)

6211 EVERALL AVE.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

NOV 25 1889

9. AGE (In years
last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED OPERATOR

10B. KIND OF BUSINESS OR
INDUSTRY

GAS STATION

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CHRISTOPHER SCHMIDT (R)

14. MOTHER'S MAIDEN NAME

MARIE ?.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

EDNA SCHMIDT 6211 EVERALL AVE.

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypostatic pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

3 days -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral hemorrhage

1 month

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

D. J. Saffuglin M.D.

23B. ADDRESS

5829 Belair Rd

23C. DATE SIGNED

11/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC 3 1952

24C. NAME OF CEMETERY OR CREMATORY

LOU DON PARK CEM.

24D. LOCATION (City, town, or county)

FREDERICK RD

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

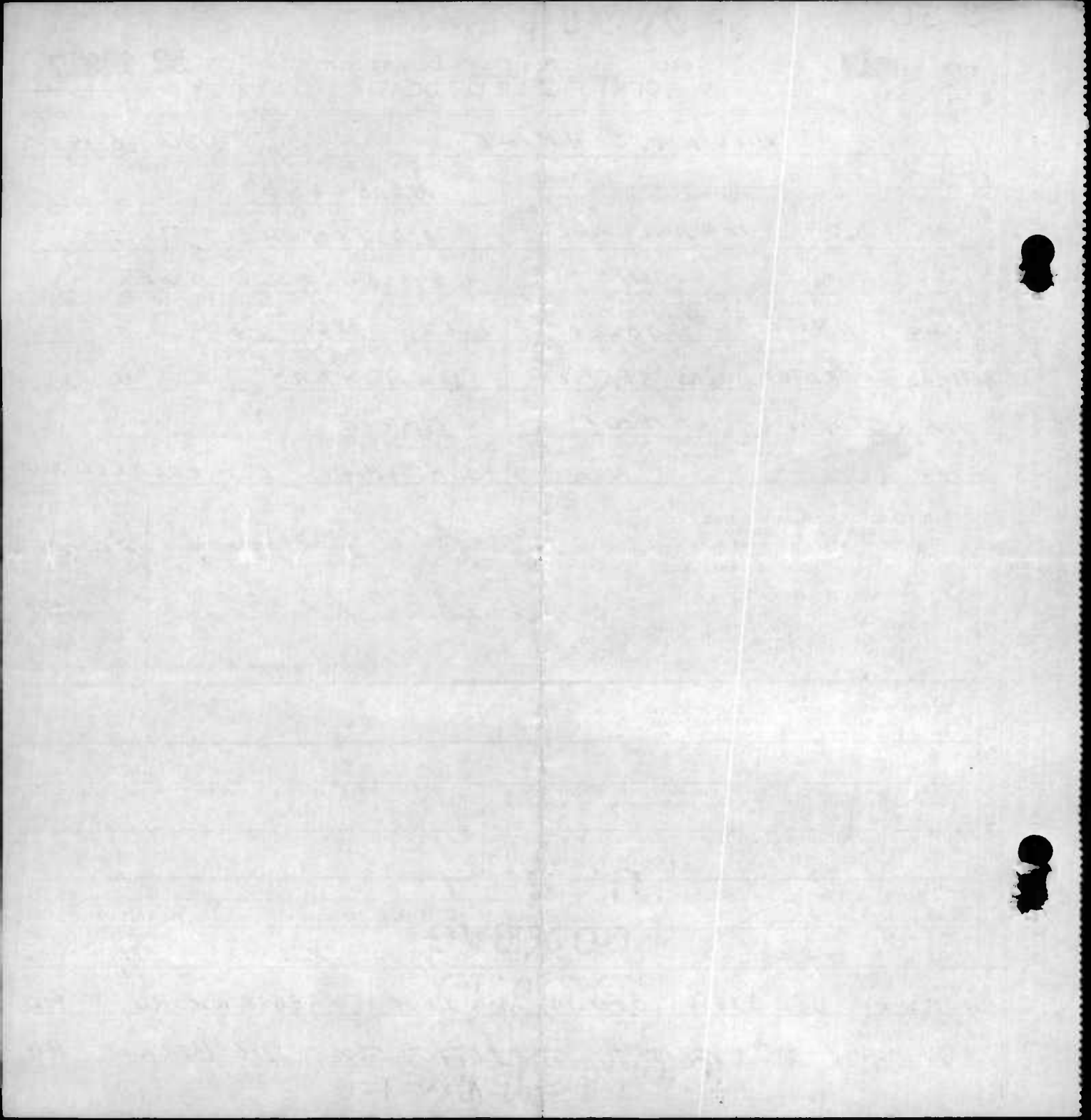
ADDRESS

DEC 2 1952

Huntington Williams, M.D. 7110 BELAIR RD

VS 150

52 10917



MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10918

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Golding, Charles Edward			2. DATE OF DEATH December 1, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 2 yr.			d. STREET ADDRESS (If rural, give location) 1927 Homewood Avenue		
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 1, 1893		9. AGE (in years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer - clerk		10b. KIND OF BUSINESS OR INDUSTRY U. S. Government	11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Charles Golding			14. MOTHER'S MAIDEN NAME Mary Scamore		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT Mrs. Emma Golding-625 Belgrade St., Phila.		

18. 157 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 1 - Carcinoma Head of pancreas 2 - Multiple metastases 3 - Cachexia of liver.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October 21, 1952 to December 1, 1952 , that I last saw the deceased alive on Dec. 1, 1952 , and that death occurred at 6:35 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE E. J. Coffey Jr.		23b. ADDRESS M. D. 1400 N. Caroline St.		23c. DATE SIGNED Dec. 1, '52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/2/52		24c. NAME OF CEMETERY OR CREMATORY N. Cedar Hill Cem.	
24d. LOCATION (City, town, or county) Philadelphia, Pa.		24e. STATE Pa.		24f. LOCATION (City, town, or county) Philadelph.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 2 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Viskner & Sons	
VS 150		1952		Batto 17, Md.	

1952 20390 P/9 11

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10919
Registered No.

BIRTH NO. 52 10919		1. NAME OF DECEASED (Type or Print) FRANCIS F. HEFNER		2. DATE OF DEATH December 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN Baltimore		15-04	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1658 Clifton Avenue			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 19, 1891	9. AGE (In years last birthday) 61	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lather		10B. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John J. Hefner		14. MOTHER'S MAIDEN NAME Annie Smith			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Marie Brotman - 5434 Whitlock Rd.		
18. 420.1 and 322.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Arteriosclerotic Cardiovascular Disease (B) Myocardial Infarct (C) Coronary Occlusion (EX) Acute Alcoholism (X) INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Williams		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 12/1/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/4/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR DEC 2 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. Pickner & Sons Balto., Md.	

52 10920

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10920
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS

J.

HURLEY

2. DATE
OF
DEATH

December 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

16-03

D. STREET ADDRESS (If rural, give location)

1030 N. Mount Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

2/28/1883

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

former laborer

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Hurley

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Catherine Jackson 1028 W. Franklin St.

18.

443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, apnea, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Arteriosclerotic Cardiovascular

XXXXX Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐

23C. DATE SIGNED

M.D. MEDICAL INVESTIGATOR ☒ 12/1/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

12/4/52

Arbutus

Arbutus, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 2 1952

Huntington Williams, M.D.

Hes. H. Nelson



52 10921

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10921
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary M. Tyler

2. DATE
OF

DEATH 11/28/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2414 Annapolis Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-33

D. STREET ADDRESS (If rural, give location)

2414 Annapolis Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 15.

9. AGE (In years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank Tyler

14. MOTHER'S MAIDEN NAME

Mary Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mamie Legge 2414 Annapolis Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio-sclerosis

3 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 9/5/1952 to 11/28/1952, that I last saw the
deceased alive on 11/26/1952, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/2/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Arburn Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 2 1952

VS 150

Huntington Williams, M.D.

Clayton O. Wilson (or Buntley or

52 0720FA0 9 1 4

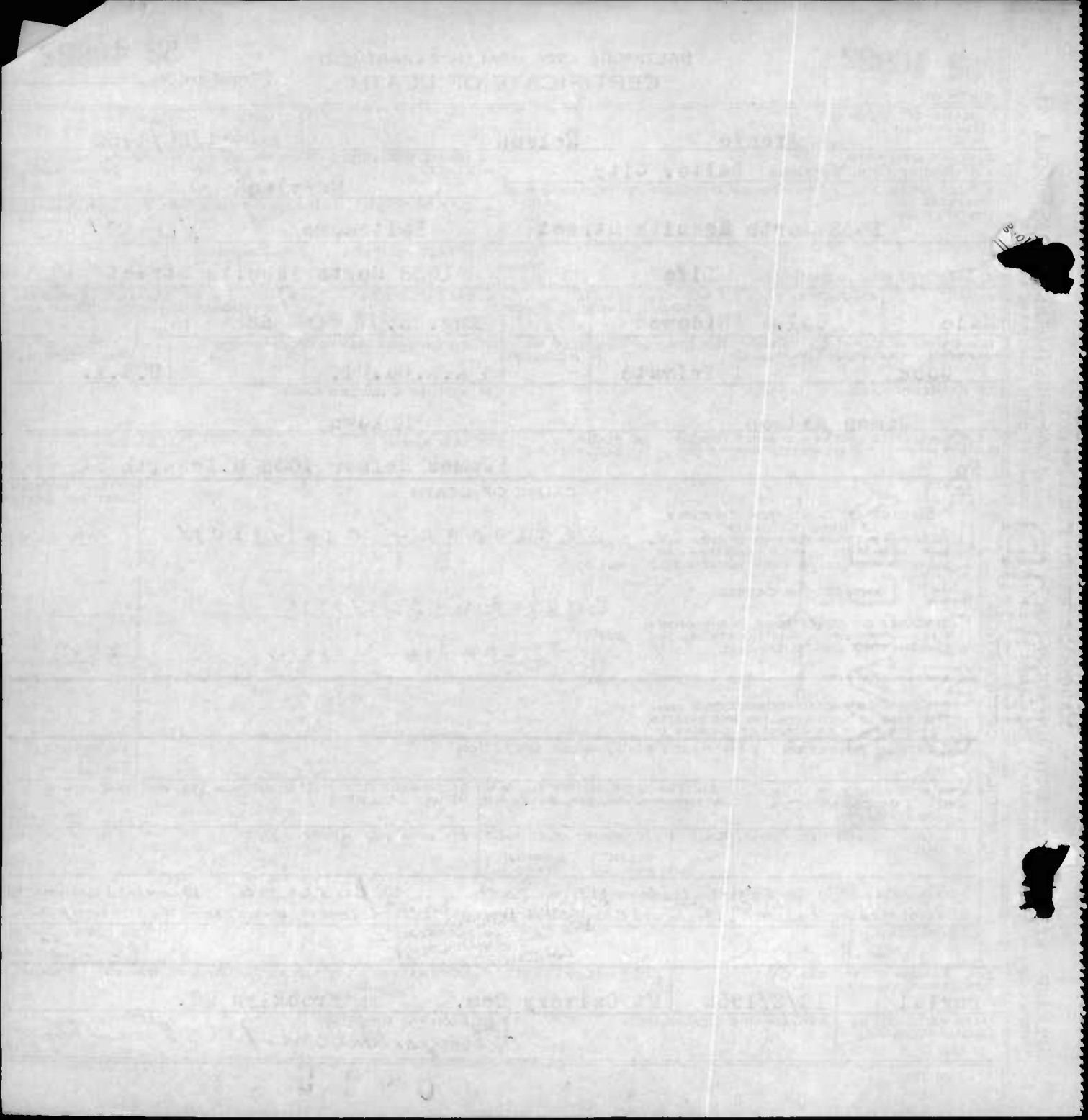
PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-425
52 10922

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10922
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Archie Nelson		2. DATE OF DEATH 11/28/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1038 North Asquith Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1038 North Asquith Street			
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 25, 1890	9. AGE (In years last birthday) 62 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY Private		11. BIRTHPLACE (State or foreign country) A.A. Co. Md.	
13. FATHER'S NAME James Nelson		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS James Nelson 1038 N. Asquith St	
18. 470.1 CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) CORONARY OCCLUSION				INTERVAL BETWEEN ONSET AND DEATH 18 hours	
DUE TO (B) ARTERIO-SCLEROTIC					
DUE TO (C) CARDIAC DISEASE				27 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7:45 , 19 52 to 11:28 , 19 52 that I last saw the deceased alive on 11:28 , 19 52 and that death occurred at 10:40 P.M. , from the causes and on the date stated above.					
23. SIGNATURE [Signature] 150 EAST MADISON ST. BALTIMORE				23C. DATE SIGNED 12.2.52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/2/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		25. FUNERAL DIRECTOR ADDRESS 1000 Brantley Ave			



F-534

52 10923

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10923
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary E. Fannleroy

2. DATE
OF
DEATH

Nov. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

410 Dr. Poppleton St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

410 Dr. Poppleton St.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Cot.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct. 5, 1891

9. AGE (In years last birthday)

61

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Fred Tough

14. MOTHER'S MAIDEN NAME

Elnore ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Bertha Buico

ADDRESS

410 Dr. Poppleton St.

18. 331 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

3 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6/52 to 11/27, 1952 that I last saw the deceased alive on 11/26, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

W. Garner

M. D.

23B. ADDRESS

153 George St

23C. DATE SIGNED

12/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/2/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town or county)

Cedar Hill Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Kate R. Williams Schweder

DEC 2 150 1952 Huntington Williams, M.D.

010916

St

STATE OF NEW YORK
CERTIFICATE OF DEATH

DEATH OF

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE OF DECEASED

SEX OF DECEASED

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10924
Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James William (Willie) Faulkner

2. DATE
OF
DEATH

Nov. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1020 N. Stricker St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

16-02

D. STREET ADDRESS (If rural, give location)

1020 N. Stricker St.

c. Length of stay in Baltimore

30 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7-31-83

9. AGE (in years
last birthday)

69

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Odd jobs

10B. KIND OF BUSINESS OR
INDUSTRY

Ceden Hospital

11. BIRTHPLACE (State or foreign country)

Weldon, N. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wesley Faulkner

14. MOTHER'S MAIDEN NAME

Emily Faulkner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

218-10-0995

17. INFORMANT

ADDRESS

Inez Faulkner, 1022 N. Stricker St.

18.

331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage

9-11-52
to 11-30-52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension, latent diabetes

Unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-26-1952 to 11-30-1952, that I last saw the
deceased alive on 11-29-1952, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Frank A. Saunders

M. D.

23B. ADDRESS

1029 N. Stricker St.

23C. DATE SIGNED

12-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/3/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles R. Law, 802 Madison Ave.

DEC 2 1952

195 970 870 917

—

• •

153

M/635
52 10925

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52-10925

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Anna L. Martin		2. DATE OF DEATH 11-30-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Hartford			
5. FULL NAME OF HOSPITAL OR INSTITUTION Univ. Hosp		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural			
c. Length of stay in Baltimore 12 Wks. Mos. Days		D. STREET ADDRESS (If rural, give location) Forest Hill			
7. SEX F	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH June 1, 1875	11. AGE (In years last birthday) 77	12. CITIZEN OF WHAT COUNTRY U.S.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Andrew Logan		14. MOTHER'S MAIDEN NAME Margaret McMillian			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Charles Martin's Forest Hill, Md	
18. 331X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 4 da			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes - Auricular Fibrillation?			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/28, 1952 to 11/30, 1952 that I last saw the deceased alive on 11/30, 1952 and that death occurred at 1:35 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE J. D. Baker		23B. ADDRESS Univ. Hosp		23C. DATE SIGNED 11/30/52	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE Dec. 3, 1952		24C. NAME OF CEMETERY OR CREMATORY St. Ignatius	
24D. LOCATION (City, town, or county) Hickory, Md		24E. FUNERAL DIRECTOR Joseph F. Foster		24F. ADDRESS Belair, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 2 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

VS 150

14520010918

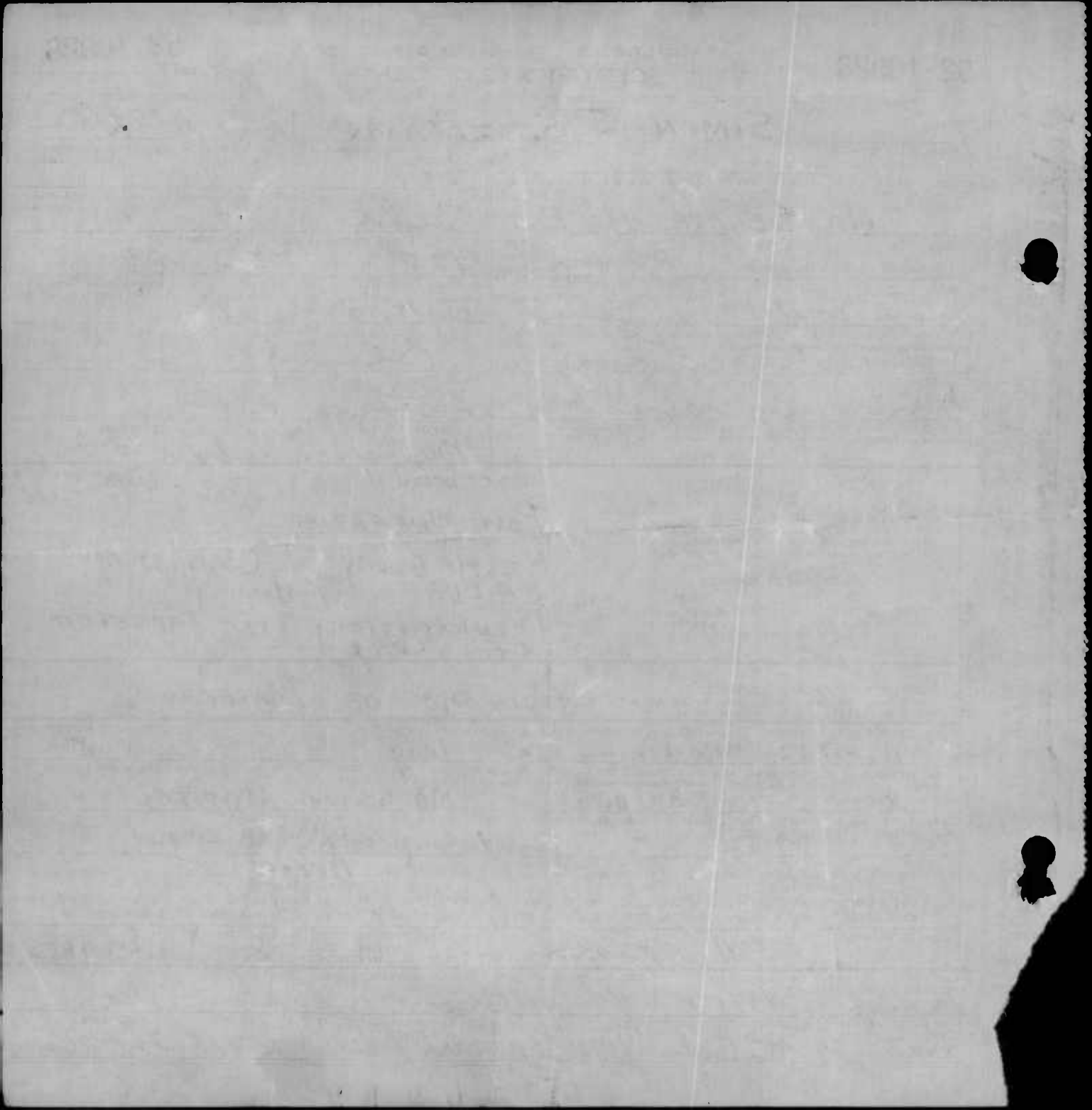
MARGIN RESERVED FOR BINDING
PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10926

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10926
Registered No.

1. NAME OF DECEASED (Type or Print) SIMON J SZCZESNIAK				2. DATE OF DEATH 11/29/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY 6354	
B. FULL NAME OF HOSPITAL OR INSTITUTION MD. GENERAL HOSP.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt.	
c. Length of stay in Baltimore 40 yrs.				D. STREET ADDRESS (If rural, give location) 1725 Cape May Rd.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 18, 1892	9. AGE (in years last birthday) 60	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane helper		10B. KIND OF BUSINESS OR INDUSTRY Shipyards		11. BIRTHPLACE (State or foreign country) Poland.	
13. FATHER'S NAME Martin Szczesniak			14. MOTHER'S MAIDEN NAME Victoria Bok.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Sophie Ellenburger	
				ADDRESS 1443	
18. 163 X CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)					
(A) POST OPERATIVE					
DUE TO RESPIRATORY & CIRCULATORY FAILURE following					
(B) Pneumonectomy for Carcinoma OF LUNG.					
DUE TO					
(C) CARCINOMA OF PANCREAS?					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 11/28/52		19B. MAJOR FINDINGS OF OPERATION Carcinoma of lung		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hospital		21C. WHERE DID INJURY OCCUR? MD General Hospital	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 11 29 52		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Complications of surgery.	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE P. S. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/29/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/3/52		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county) (State) Balt. Md.					
DATE RECEIVED BY LOCAL REGISTRAR DEC 2 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 7 Bell	
				ADDRESS 1501 E Fort Ave	



52 10927

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10927

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Anthony Costanza

2. DATE
OF
DEATH

11-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

213 So Conklin St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-08

D. STREET ADDRESS (If rural, give location)

213 So Conklin St

c. Length of stay in Baltimore

60 yrs.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12-22-1865

9. AGE (In years last birthday)

86

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Stefano Costanza Conklin

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) generalized Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from January 1, 1945, to December 29, 1952, that I last saw the deceased alive on Dec 29, 1952, and that death occurred at 9:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John Costanza

M. D.

23B. ADDRESS

234 Conklin St

23C. DATE SIGNED

Dec 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 2 1952

Huntington Williams, M.D. 5308-7 Taylor Rd

Mr. C. C. [redacted]
2343, [redacted] 27

AB-165474

52 10928

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10928

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Essie Campbell		2. DATE OF DEATH Nov. 30-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-02	
c. Length of stay in Baltimore 15min.? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 923 N. Gay St. zone 2	
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH MARCH 15, 1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10B. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME HORACE JENKINS		14. MOTHER'S MAIDEN NAME MARY ELIZA JENKINS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			

18. 002 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bilateral Pulmonary Tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LIVING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11-30- , 19 52 to 11-30- , 19 52 , that I last saw the deceased alive on 11-30- , 19 52 , and that death occurred at 1. A.m. , from the causes and on the date stated above.				
23A. SIGNATURE <i>H. J. Williams</i>		23B. ADDRESS M. D. 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 12-1-1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/3/52	24C. NAME OF CEMETERY OR CREMATORY St. Calvary	24D. LOCATION (City, town, or county) (State) Brooklyn, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 2 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR Charles A. Rice - 661 W. Bona	

NOT A MEDICAL EXAMINER'S CASE

P. S. Fisher

M.D.

CHIEF OF ASS. MEDICAL EXAMINER

CERTIFICATE CORRECTED 12-9-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 10929

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARTHA

COBB

2. DATE
OF
DEATH

November 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Morgue
St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-33

D. STREET ADDRESS (If rural, give location)

2444 Annapolis Avenue

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar 20, 1868

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Scott Filipping

14. MOTHER'S MAIDEN NAME

Nancy Gay

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Julia Carroll-2444 Annapolis Ave

18.

4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardiovascular
Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Nov. 28, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/3/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 2 1952

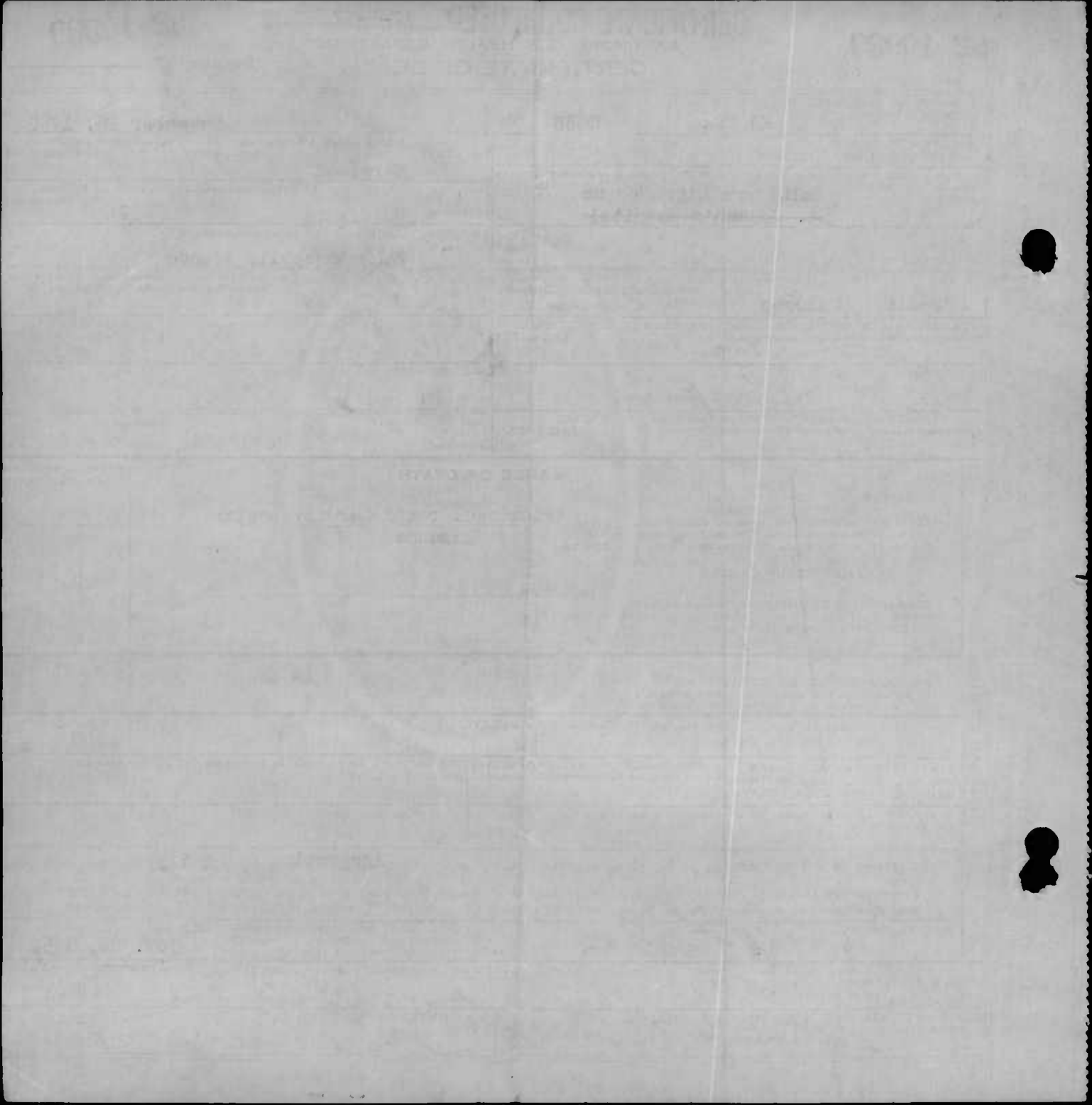
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

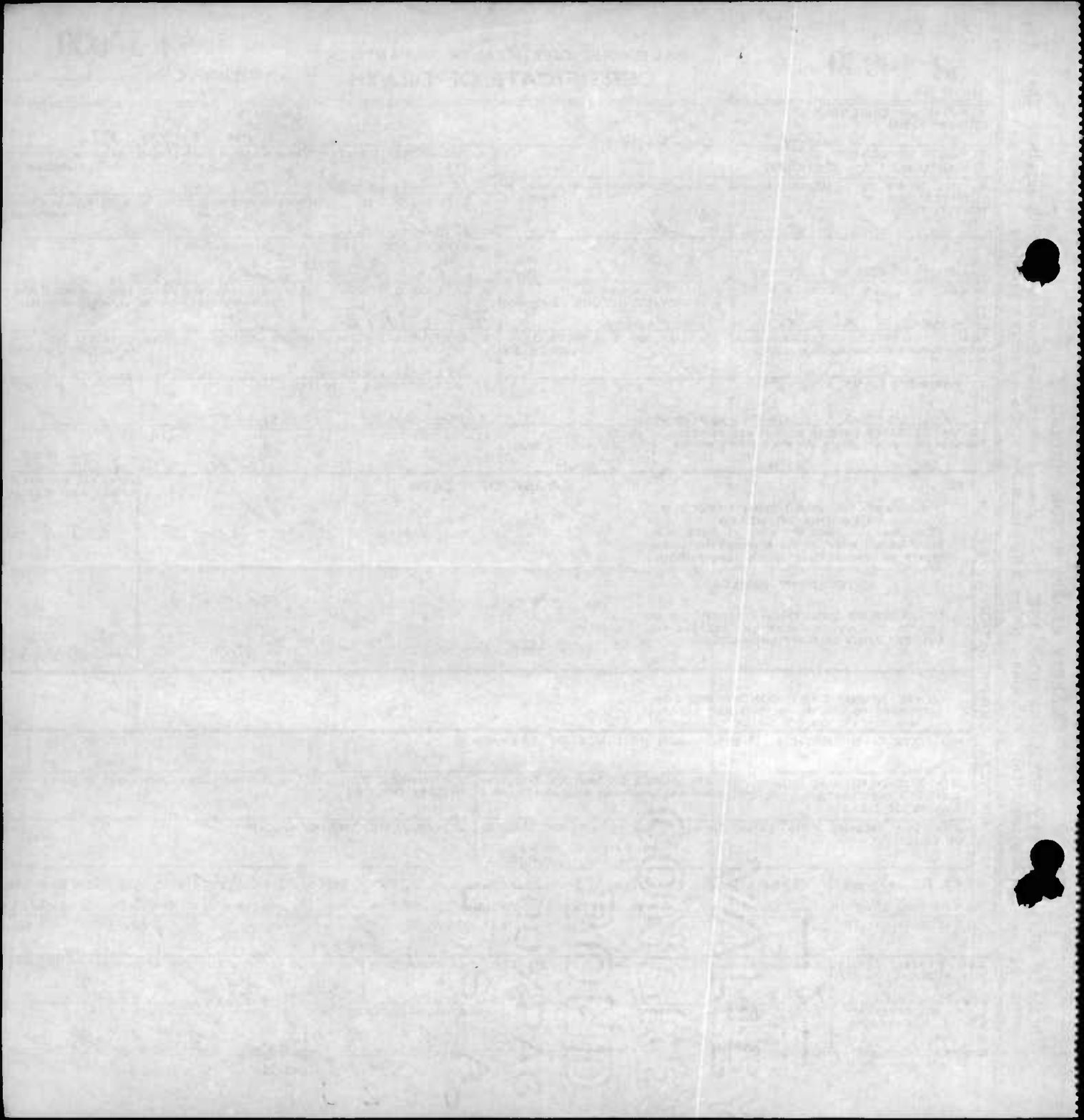
Charles A. Rice-661 W. Bane

ADDRESS



BIRTH NO. 52 10930				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				52 10930 Registered No.			
1. NAME OF DECEASED (Type or Print) <i>Mary F. Carey</i>						2. DATE OF DEATH <i>11/30/52</i>					
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>7-01</i>					
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>505 E. 39th St.</i>						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>					
C. Length of stay in Baltimore <i>? ?</i> Yrs. Mos. Days						D. STREET ADDRESS (If rural, give location) <i>505 E. 39th St.</i>					
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Nov. 1, 1872</i>		9. AGE (In years last birthday) <i>80</i>		If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>?</i>				10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (State or foreign country) <i>Indiana</i>				12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Thomas Grannon</i>						14. MOTHER'S MAIDEN NAME <i>Melvina Thompson</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Mrs Evelyn E. Stotler</i>				ADDRESS <i>505 E. 39th St.</i>			
18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Stomach</i> DUE TO <i>1 YR.</i>						CAUSE OF DEATH <i>1 YR.</i>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertension Cardiac</i> DUE TO <i>vascular renal disease</i> (C) <i>5 YRS.</i>											
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION <i>0</i>				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan</i> , 1951, to <i>Nov. 30</i> , 1952, that I last saw the deceased alive on <i>Nov. 29</i> , 1952, and that death occurred at <i>3:00 A.M.</i> , from the causes and on the date stated above.											
23A. SIGNATURE <i>Lloyd E. Saylor</i> M. D.						23B. ADDRESS <i>3902 Greenmount Ave.</i>				23C. DATE SIGNED <i>Dec. 2, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/3/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Alphonsus Cem</i>				24D. LOCATION (City, town, or county) (State) <i>Woodstock Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 2 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>				25. FUNERAL DIRECTOR <i>John A. Moran</i> <i>Per H.B. Lewis</i>				ADDRESS <i>3000 E. Balto. St</i>	

1520010923



52 10931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10931

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Conroy

2. DATE
OF
DEATH

12-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Jenkins Memorial Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

K of C Home - 712 Calhoun

c. Length of stay in Baltimore

Lifetime

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Room clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Hotel

8. DATE OF BIRTH

Aug 5, 1876

9. AGE (In years
last birthday)

76

11. BIRTHPLACE (State or foreign country)

Texas, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Michael Conroy

14. MOTHER'S MAIDEN NAME

Mary Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Michael Conroy

18.

422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic C.V. Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Pneumonia - at. Gr. lob.

(C) Paralysis Cerebra

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from September, 1952 to November, 1952 that I last saw the
deceased alive on 12-1, 1952, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George - Ben

M. D.

23B. ADDRESS

St. Bonny Hospital

23C. DATE SIGNED

12-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12-4-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 2 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Chas F. Evans & Son

118 W. Mt. Royal Ave.

ADDRESS

1001 56

DATE OF BIRTH: 1911

CERTIFICATE OF DEATH

1911

1001 56

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52 10932

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10932

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis May Chaffman

2. DATE
OF
DEATH

12/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

915 Bayard St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. 21-02

D. STREET ADDRESS (If rural, give location)

915 Bayard St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

3/4/1885

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Boiler Maker

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Chaffman

(M)

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Albert E. Chaffman 915 Bayard St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Arteriosclerotic Cerebro

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 days.

ANTECEDENT CAUSES

(B)

Vascular Disease

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-31, 1960, to 12-1, 1962, that I last saw the
deceased alive on 10-17, 1952, and that death occurred at 1 A.m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Unbeck, Jr.

M. D.

23B. ADDRESS

1227 Wash Blvd

23C. DATE SIGNED

12/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/4/52

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge

24D. LOCATION (City, town, or county)

Dorsey Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 2 1952

Huntington Williams, M.D.

404 Bok Inc. 1217 St. Paul St.

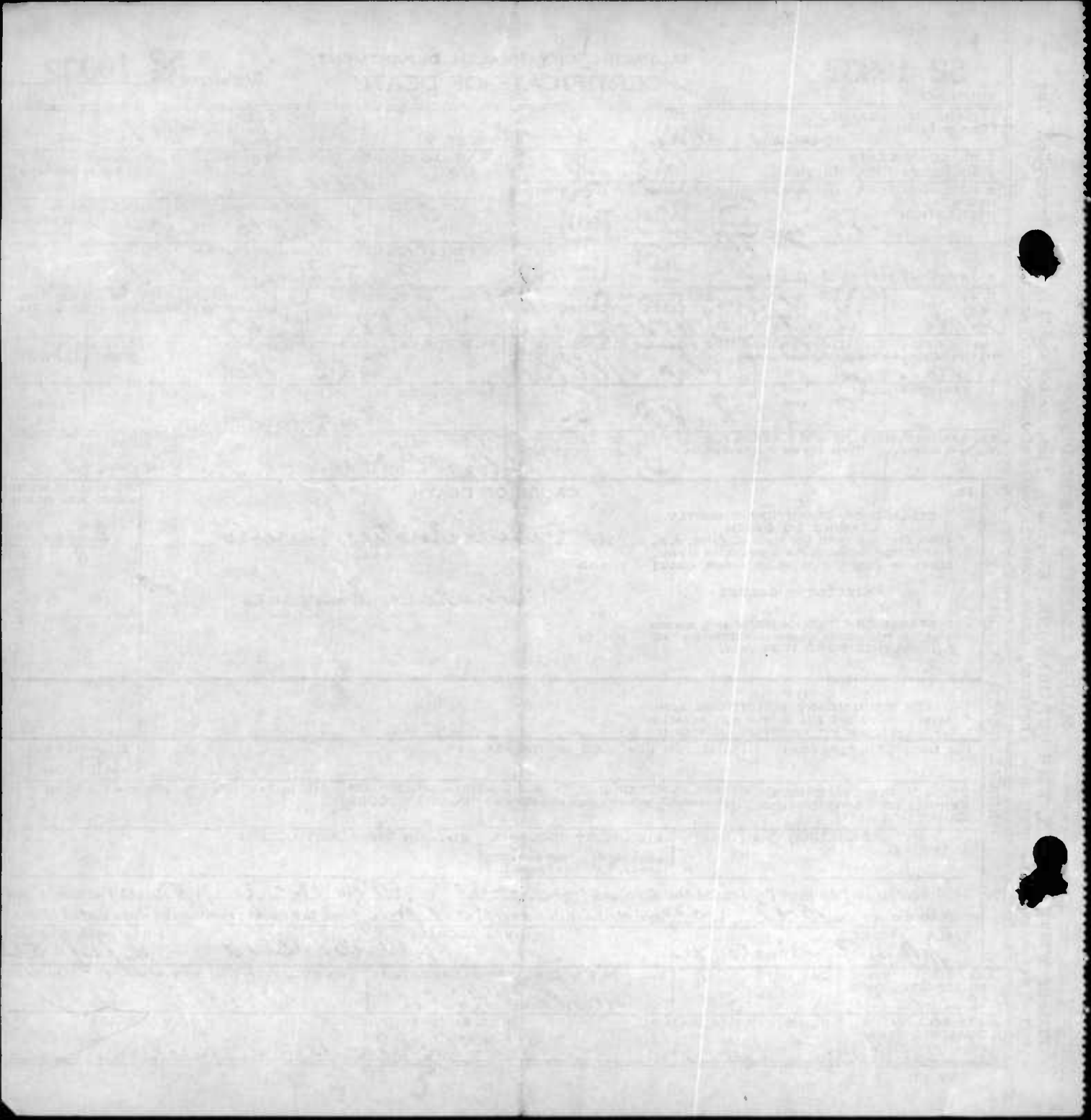
VS 150

5503300928

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 10933

52 10933

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John W. Spicknall

2. DATE
OF
DEATH

11/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

A.A.

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN

Orchard Beach

A.A. County

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1006 Siske Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

2/20/1894

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Service Station Attendant

10B. KIND OF BUSINESS OR
INDUSTRY

Gas Station

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John W. Spicknall

14. MOTHER'S MAIDEN NAME

Frances C. Spicknall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
216-09-1738

17. INFORMANT

ADDRESS

Mrs. Winefred Panasuk, 1006 Siske Road

18.

420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Sclerosis

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Cardiac Vessel
Thrombosis

2 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to Nov-30, 1952 that I last saw the
deceased alive on 11/28, 1952, and that death occurred at 52 m., from the causes and on the date stated above.

23A. SIGNATURE

J. Brady Smith

M. D.

23B. ADDRESS

Bowie Beach, Md.

23C. DATE SIGNED

12/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/3/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

William Cook, Inc.

ADDRESS

1217 St. Paul St.

VS 150

9 9 5 2 06216 9 2 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

10000

RECEIVED BY THE DIRECTOR
CENTRAL INTELLIGENCE AGENCY



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10934
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK

MC COY

2. DATE
OF DEATH
November 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1818 Rutland Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 3, 1910

9. AGE (In years
last birthday)

42

10 Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Sumpter S. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Johnny Taylor

14. MOTHER'S MAIDEN NAME

Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war and dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Matthie McCoy 1518 Rutland Ave.

18. E891.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Asphyxiation due to carbon monoxide
~~xxxx~~ poisoning

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Garage

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1818 Rutland Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Found: 11/30/52 8:05 P.m.

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found slumped over in car

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

William W. Wood

23B. CHIEF MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....
23C. DATE SIGNED
12/1/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 2 1952

Huntington

Mrs. J. A. Edgar

1518 Rutland Ave.

VS 151

N968.0

940 55

1518 Rutland Ave.

1001 93

CONFIDENTIAL

James H. Thompson
Chicago, Ill.
March 10, 1914

Dear Mr. Thompson:
I have your letter of the 8th inst. regarding the
matter of the Chicago Police Department.
I am sorry that I cannot give you a more
definite answer at this time, but I am
sure that you will understand my position.
I am, very respectfully,
Yours,
J. Edgar Hoover

52 10935

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10935

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

C. NEWTON CHALIK

2. DATE
OF
DEATH

12-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland University Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Balto.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Univ. Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Woodlawn

D. STREET ADDRESS (If rural, give location)

1616 Ingelside Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

Nov. 25, 1886

9. AGE (In years
last birthday)

66

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Julius Gutman Co.

11. BIRTHPLACE (State or foreign country)

Balto. Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph W. Chalk

14. MOTHER'S MAIDEN NAME

Laura V. Debaugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17-01-1965

17. INFORMANT

ADDRESS

Miss Dorothy Chalk 1616 Ingelside Ave

18.

193X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

GLIOMA RT TEMP. LOBE

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-14-52

19B. MAJOR FINDINGS OF OPERATION

GLIOMA RT TEMP LOBE

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-16-52, 19, to 12-1-52, 19, that I last saw the
deceased alive on 12-1-52, 19, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Wm R. Greco

M. D.

23B. ADDRESS

Univ. Mary

23C. DATE SIGNED

12-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 4th. 1952

24C. NAME OF CEMETERY OR CREMATORY

Stone Chapel M.E.

24D. LOCATION (City, town, or county)

Balto. County

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 3 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

G. Howard Strong 3207 W. North Ave.

ADDRESS

VS 150

1952 0390600920

52 1000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

WALTER K. CRILL

DOB 11-11-1900

APR 11 1961

CURRENT DEATH

DEATH OF A NATURAL CAUSE

DATE OF DEATH

DEATH REPORTED BY

DEATH REPORTED BY

DEATH REPORTED BY

DEATH REPORTED BY

DEATH REPORTED BY

DEATH REPORTED BY

DEATH REPORTED BY

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DEATH REPORTED BY

DEATH REPORTED BY

DEATH REPORTED BY

B-650
52 10936BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10936

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISADORE BROWN

2. DATE
OF
DEATH

DEC. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

c. Length of stay in Baltimore

50 yrs.

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE
JEWISH

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BUYER

10B. KIND OF BUSINESS OR INDUSTRY

Food

8. DATE OF BIRTH

MAY 15, 1885

9. AGE (In years last birthday)

67

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

BERNARD BROWN

14. MOTHER'S MAIDEN NAME

DEVORAH WOLPE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

17. INFORMANT

ETHEL BROWN (WIFE)

ADDRESS

SAME

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION

DUE TO

ARTERIOSCLEROTIC

(B)

HEART CARDIOVASCULAR DISEASE

DUE TO

(C)

6 days

YEARS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 25, 1952, to DEC. 2, 1952, that I last saw the deceased alive on DEC. 1, 1952, and that death occurred at 1:40 A. M., from the causes and on the date stated above.

23A. SIGNATURE

E. E. Lounell Jr.

M. D.

23B. ADDRESS

UNION MEMORIAL HOSP.

23C. DATE SIGNED

Dec. 2, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/3/52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

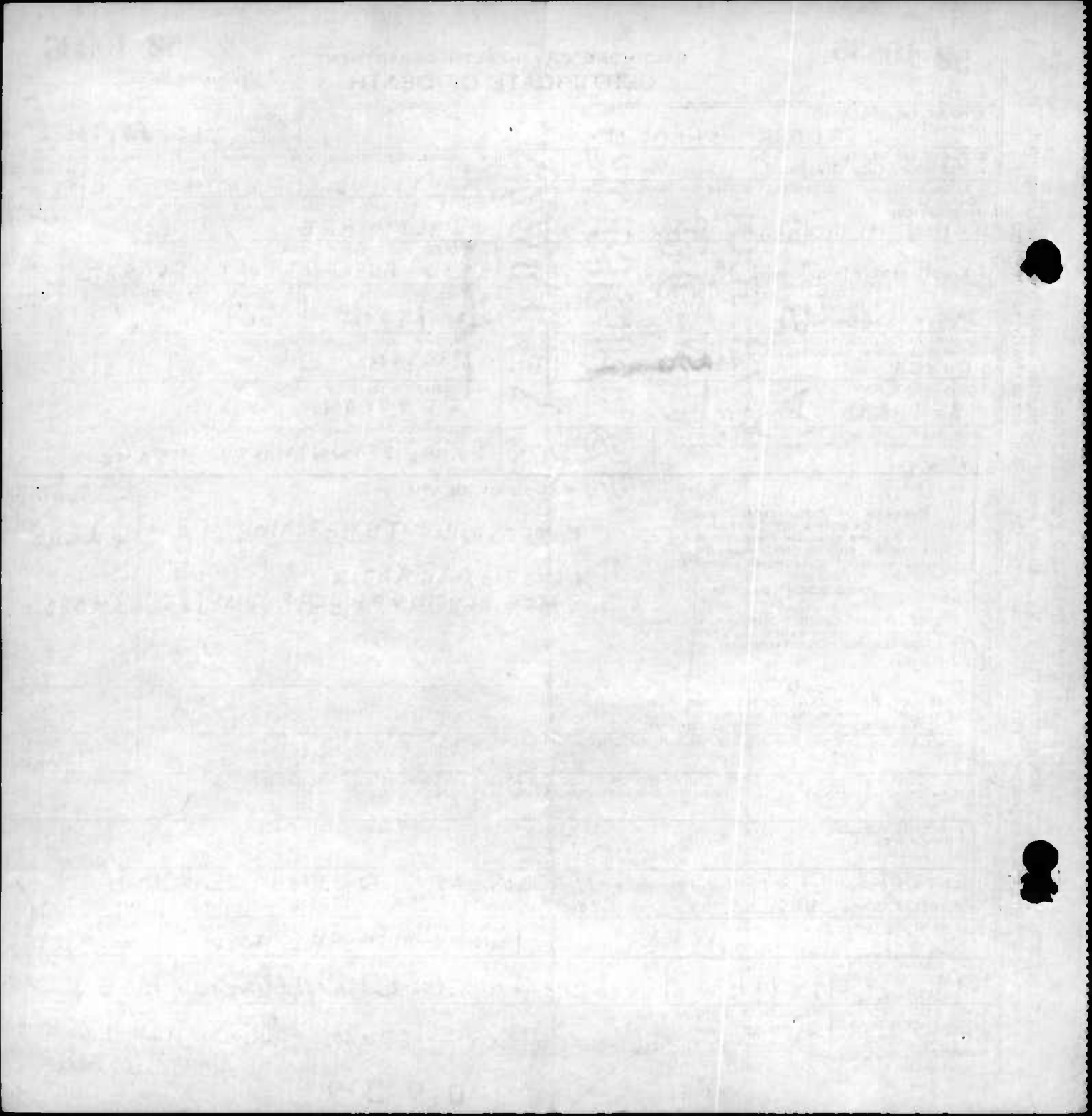
DEC 3 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol. Levinson & Bros. - 1124-26 W. North Avenue



52 10937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10937

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Beverly Grace Sullivan

2. DATE
OF
DEATH

11-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Providence Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

16-01

D. STREET ADDRESS (If rural, give location)

1100 W. Lafayette

c. Length of stay in Baltimore

10

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11-20-52

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Rufus Leon Sullivan

14. MOTHER'S MAIDEN NAME

Pattye Mae Atkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

Same

18. 764.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Diarrhea

DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Tumor

DUE TO

2 days

(C) Perforation

7 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30, 1952, to 11/30, 1952, and that I last saw the deceased alive on 11/30, 1952, and that death occurred at 9P. m., from the causes and on the date stated above.

23A. SIGNATURE

N. Louis Young

23B. ADDRESS

1100 Duane Street

23C. DATE SIGNED

12/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-4-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Pleasant

24D. LOCATION (City, town, or county)

Rockgreen, N.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 3 1952

Huntington Williams

802 Madison Ave.

10001

VALLEY

COOKING

BOOK

10001

10001

10001

10001

10001

10001

10001

10001

10001

10001

10001

10001

10001

10001

52 10938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10938

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) WILLIAM B. CHAUAUX2. DATE OF DEATH
Dec. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Missouri B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
US Public Health Service HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
St. Louis

Wyman Pk. Drive & 31st Street

D. STREET ADDRESS (If rural, give location)
4859 Calvin Street

c. Length of stay in Baltimore 117 days ?

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10/15/04

9. AGE (In years last birthday)

48

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Deckhand

10B. KIND OF BUSINESS OR INDUSTRY

seafarer

11. BIRTHPLACE (State or foreign country)

Mo.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Thomax Chavaux

14. MOTHER'S MAIDEN NAME

Stella Hagan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

?

16. SOCIAL SECURITY NO.
490-18-910617. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18. 141X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular accident, right

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO Epidemic

(B) Carcinoma tongue and right mandible

1 year

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- LAYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug. 7, 1952, to Dec. 2, 1952, that I last saw the deceased alive on Dec. 2, 1952, and that death occurred at 7:02 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas N. Reid, M.D.

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

12/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

removal

24B. DATE

12/3/52

24C. NAME OF CEMETERY OR CREMATORY

St. Louis

24D. LOCATION (City, town, or county)

St. Louis,

Missouri

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 3 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street



MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10939

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10939

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANDREW J. WIEGAND

2. DATE
OF
DEATH

December 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

837 Hamilton Terrace

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

837 Hamilton Terrace

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 14, 1864

9. AGE (in years
last birthday)

88

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Chemist

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Wiegand

14. MOTHER'S MAIDEN NAME

Mary Scharf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dr. Herbert E. Klingelhofer, Bethesda, Md.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Thrombosis

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Anterior Aneurysm C.V.A.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1952, to 12/2, 1952, that I last saw the
deceased alive on 12/1, 1952, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel J. Hankin

M. D.

23B. ADDRESS

2331 Easton Pl

23C. DATE SIGNED

12/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/3/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

G. M. Cook, Inc.

ADDRESS

1217 St. Paul Street

VS 150

19520010932

52 10940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10940

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida Briskow (Briscoe)

2. DATE
OF
DEATH

11/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

332 Camel St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

332 Camel St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 10, 1873

9. AGE (In years last birthday)

79

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Isaac Ennis

14. MOTHER'S MAIDEN NAME

Ananda Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Morris Ennis 332 Camel St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ARTERIOSCLEROTIC

Cardiovascular Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. H. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

11/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-3-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore,

Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 3 1952

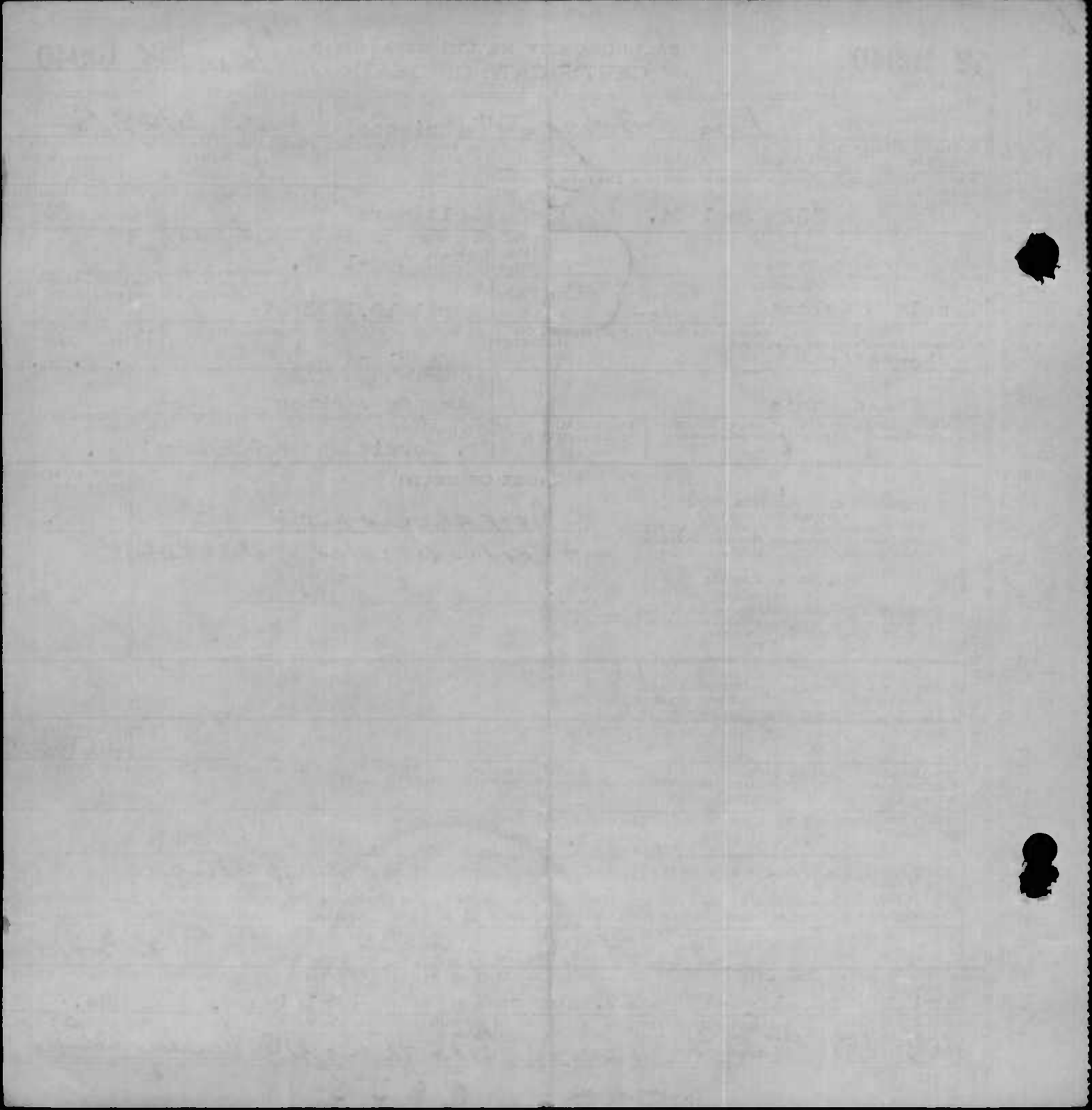
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mr. Francis T. Hensley, 578 W. ...

ADDRESS



Mr 642

52 10941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10941

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Morlock, Baby Girl

2. DATE
OF
DEATH

December 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1426 West 37th St.

c. Length of stay in Baltimore

1 da.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

December 2, 1952

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

1:14:6

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Alfred Joseph Morlock

14. MOTHER'S MAIDEN NAME

Shirley Ann Bortle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alfred J. Morlock 1426 W. 37th St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hyalin disease of the newborn

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 2, 1952, to December 2, 1952 that I last saw the
deceased alive on Dec. 2, 1952. and that death occurred at 8:10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline St.

Dec. 2, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/3/52

Lorraine

Windsor Mill Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 3 1952

Huntington Williams, Jr.

Paul E. Scheneweth Jr. 3615-17 Chestnut Ave

VS 150

18520010934

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10942

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10942

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM ELWOOD McKISSICK

2. DATE
OF
DEATH

Dec. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

215 Upnor Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

215 Upnor Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 11, 1873

9. AGE (In years last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Htd

10B. KIND OF BUSINESS OR INDUSTRY

Wholesale Florist

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William McKissick

14. MOTHER'S MAIDEN NAME

Rebecca Urian

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

-

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Robert A. Snyder-2933 Kirk Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Anterior stroke Cardio Vascular 5 yrs.

DUE TO

Disease - Chronic Myocarditis

ANTECEDENT CAUSES

(B)

Coronary Thrombosis Acute 2 days

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☒ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5/45, 1945, to 12-1, 1952, that I last saw the deceased alive on 12-1, 1952, and that death occurred at 11:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

12/4/52

24C. NAME OF CEMETERY OR CREMATORY

Arlington Cem.

24D. LOCATION (City, town, or county)

Drexel Hill, Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 3 1952

Huntington Williams

Wm. J. Vickner & Sons

12-1-52

VS 150

19520010955 Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
STATE OF NEW YORK
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF DEATH	
5. PLACE OF BIRTH		6. OCCUPATION		7. CAUSE OF DEATH		8. MANNER OF DEATH	
9. SIGNATURE OF PHYSICIAN		10. SIGNATURE OF REGISTRAR		11. SIGNATURE OF WITNESSES		12. SIGNATURE OF DECEASED	
13. SIGNATURE OF FUNERAL HOME		14. SIGNATURE OF BURIAL PLACE		15. SIGNATURE OF INTERVIEWER		16. SIGNATURE OF OFFICIAL	
17. SIGNATURE OF CORONER		18. SIGNATURE OF JURY		19. SIGNATURE OF JUDGE		20. SIGNATURE OF CLERK	
21. SIGNATURE OF SHERIFF		22. SIGNATURE OF CONSTABLE		23. SIGNATURE OF TOWNSHIP CLERK		24. SIGNATURE OF COUNTY CLERK	
25. SIGNATURE OF STATE CLERK		26. SIGNATURE OF DEPUTY CLERK		27. SIGNATURE OF ASSISTANT CLERK		28. SIGNATURE OF CLERICAL ASSISTANT	
29. SIGNATURE OF CLERICAL ASSISTANT		30. SIGNATURE OF CLERICAL ASSISTANT		31. SIGNATURE OF CLERICAL ASSISTANT		32. SIGNATURE OF CLERICAL ASSISTANT	
33. SIGNATURE OF CLERICAL ASSISTANT		34. SIGNATURE OF CLERICAL ASSISTANT		35. SIGNATURE OF CLERICAL ASSISTANT		36. SIGNATURE OF CLERICAL ASSISTANT	
37. SIGNATURE OF CLERICAL ASSISTANT		38. SIGNATURE OF CLERICAL ASSISTANT		39. SIGNATURE OF CLERICAL ASSISTANT		40. SIGNATURE OF CLERICAL ASSISTANT	
41. SIGNATURE OF CLERICAL ASSISTANT		42. SIGNATURE OF CLERICAL ASSISTANT		43. SIGNATURE OF CLERICAL ASSISTANT		44. SIGNATURE OF CLERICAL ASSISTANT	
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69. SIGNATURE OF CLERICAL ASSISTANT		70. SIGNATURE OF CLERICAL ASSISTANT		71. SIGNATURE OF CLERICAL ASSISTANT		72. SIGNATURE OF CLERICAL ASSISTANT	
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81. SIGNATURE OF CLERICAL ASSISTANT		82. SIGNATURE OF CLERICAL ASSISTANT		83. SIGNATURE OF CLERICAL ASSISTANT		84. SIGNATURE OF CLERICAL ASSISTANT	
85. SIGNATURE OF CLERICAL ASSISTANT		86. SIGNATURE OF CLERICAL ASSISTANT		87. SIGNATURE OF CLERICAL ASSISTANT		88. SIGNATURE OF CLERICAL ASSISTANT	
89. SIGNATURE OF CLERICAL ASSISTANT		90. SIGNATURE OF CLERICAL ASSISTANT		91. SIGNATURE OF CLERICAL ASSISTANT		92. SIGNATURE OF CLERICAL ASSISTANT	
93. SIGNATURE OF CLERICAL ASSISTANT		94. SIGNATURE OF CLERICAL ASSISTANT		95. SIGNATURE OF CLERICAL ASSISTANT		96. SIGNATURE OF CLERICAL ASSISTANT	
97. SIGNATURE OF CLERICAL ASSISTANT		98. SIGNATURE OF CLERICAL ASSISTANT		99. SIGNATURE OF CLERICAL ASSISTANT		100. SIGNATURE OF CLERICAL ASSISTANT	

612
52 10943BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10943

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. JARVIS

2. DATE
OF
DEATH

Dec. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3531 Wabash Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2415 W. North Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 29, 1875

9. AGE (In years
last birthday)

77

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk retired

10B. KIND OF BUSINESS OR
INDUSTRY

Transportation

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Francis Marion Jarvis

14. MOTHER'S MAIDEN NAME

Mary Elizabeth Sykes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

nons

16. SOCIAL
SECURITY NO.

215-09-3130

17. INFORMANT

ADDRESS

Mrs. Elizabeth Jarvis - 2415 W. North Ave

18.

177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of prostate

19-50

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chr. Myocarditis

19-50

DUE TO

(C)

Chr. Interstitial Nephritis

19-50

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Oct. 20, 1952 to Dec 1, 1952 that I last saw the
deceased alive on Dec 1, 1952, and that death occurred at 7:07 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Paul Brown

23B. ADDRESS

M. D. 3602 Liberty Hgts. Ct.

23C. DATE SIGNED

12-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/4/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Mausoleum

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

J. Fickner & Sons

ADDRESS

Batts 17, Md.

VS 150

19520010936

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH & HUMAN SERVICES
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

DATE OF BIRTH

DATE OF DEATH

DATE OF BURIAL

DATE OF CREMATION

DATE OF INTERMENT

DATE OF EXHUMATION

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

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DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

52 10944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10944

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Waite

2. DATE
OF
DEATH

12/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

WOMEN OF MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

53-00

D. STREET ADDRESS (If rural, give location)

MAYWOOD AVE (RUXTON)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

5-28-29

9. AGE (in years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Lynchburg, VA.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Geo. Willie Holman

14. MOTHER'S MAIDEN NAME

Mrs Sadie Waite Holman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Md.

Mr. Thomas D. Cowley - Maywood Ave., Ruxton

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinomatous

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cancer / Sigmoid

DUE TO

(C)

2 mo.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/6/52

19B. MAJOR FINDINGS OF OPERATION

Carcinomatous

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 11/6/52, 1952 to 12/2/52, 1952, that I last saw the
deceased alive on 12/2/52, 1952 and that death occurred at 12:55 PM, from the causes and on the date stated above.

23A. SIGNATURE

Robert Hughes

M. D.

23B. ADDRESS

W. M. S. 1025

23C. DATE SIGNED

12/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/5/52

24C. NAME OF CEMETERY OR CREMATORY

Sherwood Cem.

24D. LOCATION (City, town, or county)

Cockeysville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 3 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tischer & Sons

ADDRESS

VS 150

52001093 Balto 17, Md.

11601 S

Aug 7 50

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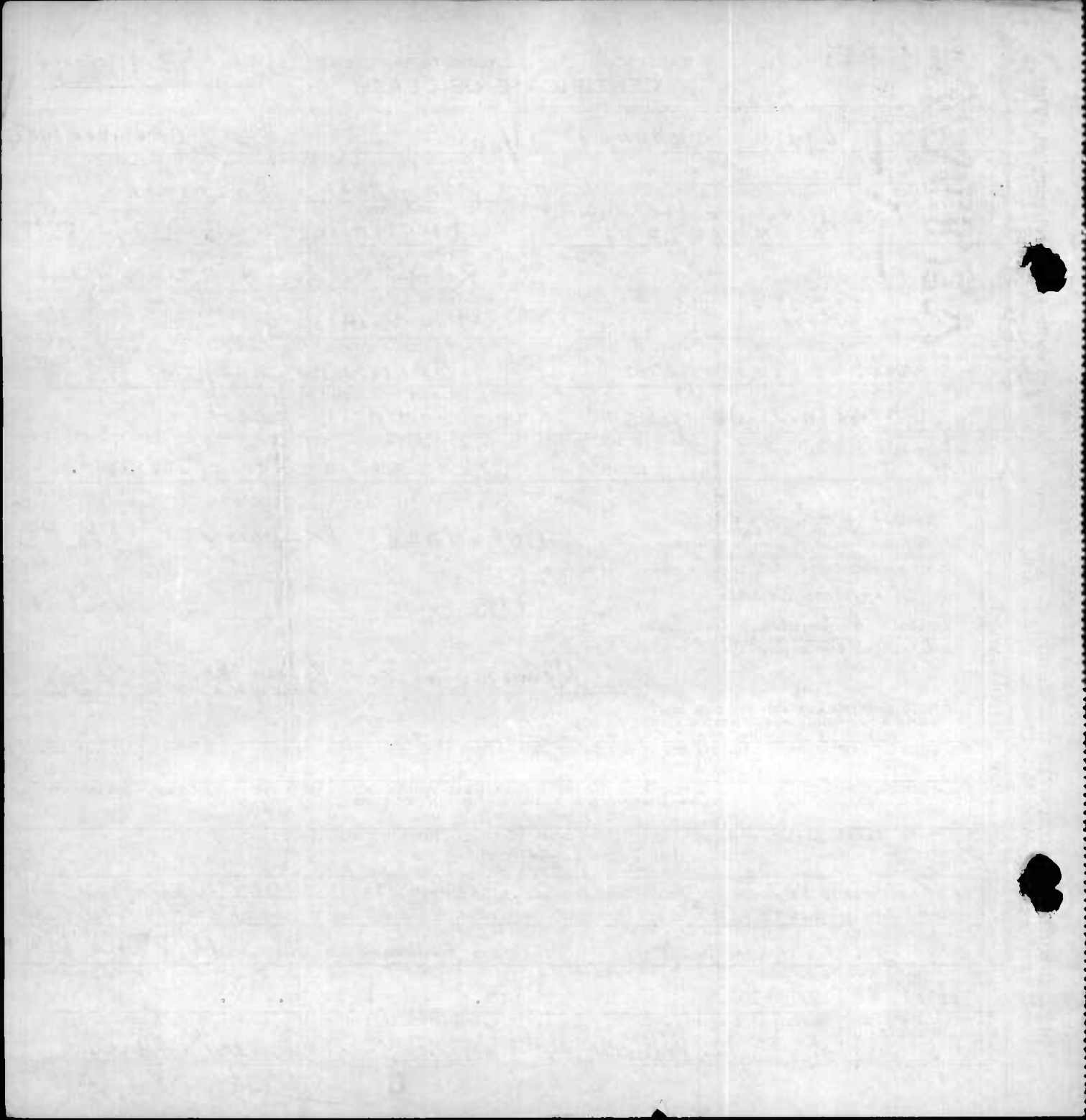
52 10945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10945

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Lydia Johanna Youse		2. DATE OF DEATH 2 December 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE			
B. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for the Women of MARYLAND		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
c. Length of stay in Baltimore 80- Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Roland Park Apts 3H - Roland & Highland			
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 29 June 1872	9. AGE (In years; last birthday) 80	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none.		10B. KIND OF BUSINESS OR INDUSTRY none.		11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Christian Jacob Youse		14. MOTHER'S MAIDEN NAME Louisa A. Ebert.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Miss Clara Youse - Roland Park Apts.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY OCCLUSION DUE TO UREMIA. Hematuria from Kidney Rt. - Cause Unknown		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 Hrs several wks. 4 yrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1 December 1952 to 2 Dec , 1952, that I last saw the deceased alive on 2 Dec , 1952, and that death occurred at 6:15 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE E. F. Fackler M.D.		23B. ADDRESS Hosp for Women of Maryland		23C. DATE SIGNED 2 Dec 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/4/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.					
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 26m. J. Pickner & Sons	
VS 150		Balto 17, Md.			

52 10945



52 10946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10946

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY JANE SHINN

2. DATE
OF
DEATH

Dec. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

12-02

O. STREET ADDRESS (If rural, give location)

Hopkins Apts. - 31st & St. Paul

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

212 Stoney Run Lane

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 31, 1871

9. AGE (in years

last birthday)

81

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George F. Kidwell

14. MOTHER'S MAIDEN NAME

Sarah L. Gray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Pauline M. Shinn-Hopkins Apts.

18.

422.2 quad 260x
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Chronic myocarditis - Myocardial
degenerationINTERVAL BETWEEN
ONSET AND DEATH

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Diabetes mellitus
Paralysis agitans

6 yrs.

13 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19, to Dec. 2, 1952 that I last saw the
deceased alive on Dec. 1, 1952, and that death occurred at 1:05 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry B. Atthey.

M. O.

23B. ADDRESS

2504 St. Paul St.

23C. DATE SIGNED

12/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/5/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 3 1952

Huntington Williams, M.D.

26 m. J. Schaner & Sons

VS 150

19520210

Baths - 17, Md.

MINISTRY OF HEALTH
CERTIFICATE OF DEATH

1. Name of the deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of the medical officer	
10. Signature of the registrar		11. Signature of the informant		12. Signature of the witness	
13. Signature of the coroner		14. Signature of the jury		15. Signature of the judge	
16. Signature of the jury		17. Signature of the judge		18. Signature of the jury	
19. Signature of the judge		20. Signature of the jury		21. Signature of the jury	
22. Signature of the jury		23. Signature of the judge		24. Signature of the jury	
25. Signature of the judge		26. Signature of the jury		27. Signature of the jury	
28. Signature of the jury		29. Signature of the judge		30. Signature of the jury	
31. Signature of the judge		32. Signature of the jury		33. Signature of the jury	
34. Signature of the jury		35. Signature of the judge		36. Signature of the jury	
37. Signature of the judge		38. Signature of the jury		39. Signature of the jury	
40. Signature of the jury		41. Signature of the judge		42. Signature of the jury	
43. Signature of the judge		44. Signature of the jury		45. Signature of the jury	
46. Signature of the jury		47. Signature of the judge		48. Signature of the jury	
49. Signature of the judge		50. Signature of the jury		51. Signature of the jury	
52. Signature of the jury		53. Signature of the judge		54. Signature of the jury	
55. Signature of the judge		56. Signature of the jury		57. Signature of the jury	
58. Signature of the jury		59. Signature of the judge		60. Signature of the jury	
61. Signature of the judge		62. Signature of the jury		63. Signature of the jury	
64. Signature of the jury		65. Signature of the judge		66. Signature of the jury	
67. Signature of the judge		68. Signature of the jury		69. Signature of the jury	
70. Signature of the jury		71. Signature of the judge		72. Signature of the jury	
73. Signature of the judge		74. Signature of the jury		75. Signature of the jury	
76. Signature of the jury		77. Signature of the judge		78. Signature of the jury	
79. Signature of the judge		80. Signature of the jury		81. Signature of the jury	
82. Signature of the jury		83. Signature of the judge		84. Signature of the jury	
85. Signature of the judge		86. Signature of the jury		87. Signature of the jury	
88. Signature of the jury		89. Signature of the judge		90. Signature of the jury	
91. Signature of the judge		92. Signature of the jury		93. Signature of the jury	
94. Signature of the jury		95. Signature of the judge		96. Signature of the jury	
97. Signature of the judge		98. Signature of the jury		99. Signature of the jury	
100. Signature of the jury		101. Signature of the judge		102. Signature of the jury	

52 10947

52 10947

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELEANOR PEARSON PLAYER

2. DATE
OF
DEATH Nov. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3711 Keswick Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3711 Keswick Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 2, 1882

9. AGE (In years
last birthday)

70

If Under 1 Year If Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Lawyer

11. BIRTHPLACE (State or foreign country)

Toronto

12. CITIZEN OF
WHAT COUNTRY?

Canada

13. FATHER'S NAME

Philip Pearson

14. MOTHER'S MAIDEN NAME

Agnes Van Every

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Florence M. Pearson-3711 Keswick Rd.

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary edema &
Myocardial Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma of Stomach,
Metastases to Liver.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Oct. 22 - 52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Stomach, Metastases to Liver

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1952, to Nov. 30, 1952, that I last saw the
deceased alive on Nov. 30, 1952, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Smith

23B. ADDRESS

3429 Chestnut St.

23C. DATE SIGNED

Dec 1 - 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 3 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edm. J. Lickner & Sons

ADDRESS

17, Md.

VS 150

9 9 5 2 39080 9 1 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1900

NAME OF DECEASED		AGE		SEX		RACE		RELIGION		MARRIAGE		EDUCATION		OCCUPATION		RESIDENCE		DATE OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH		SIGNATURE OF PHYSICIAN		SIGNATURE OF REGISTRAR		SIGNATURE OF WITNESSES			
				</																													

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10948

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10948

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ROBERT LEE IRWIN

2. DATE
OF
DEATH

Dec. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3026 Westwood Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-06

O. STREET ADDRESS (If rural, give location)

3026 Westwood Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 24, 1884

9. AGE (In years
last birthday)

68

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Electrical Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James B. Irwin

14. MOTHER'S MAIDEN NAME

Mary Agnes McKernan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lillie Black - Pitman, N.J.

18. 350X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

apoplexy and
anemia

11/1/52

ANTECEDENT CAUSES

(B)

DUE TO

Pulmonary Syndrome

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3:45, 1952, to Dec 1, 1952, that I last saw the
deceased alive on 12/1/52, 19 and that death occurred at 9:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

W. Paul Barclay

23B. ADDRESS

30334 North

23C. DATE SIGNED

12/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/3/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Vickner & Sons

DEC 3 1952

VS 150

1952 048 560 09 1 Balto., Md.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

WASHER

© 1914

WASHER



Z-560

52 10949

ZINNER

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 10949

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ZINNER, Margaret

2. DATE
OF
DEATH

Dec. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Church Homes Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

6-01

c. Length of stay in Baltimore

69 mos

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

33 N Becker Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

July 8 1880

9. AGE (in years last birthday)

72

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kansas City Mo

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Wetzel, Fred

14. MOTHER'S MAIDEN NAME

Weiss, Louise

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 22, 1952, to Dec 2, 1952, that I last saw the deceased alive on Dec 2, 1952 and that death occurred at 3 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas R. W. W. W.

23B. ADDRESS

Church Homes Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 3 1952

Huntington Williams, M.D.

2004 Calver Ave

VS 150

19520010942

STATE OF NEW YORK



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

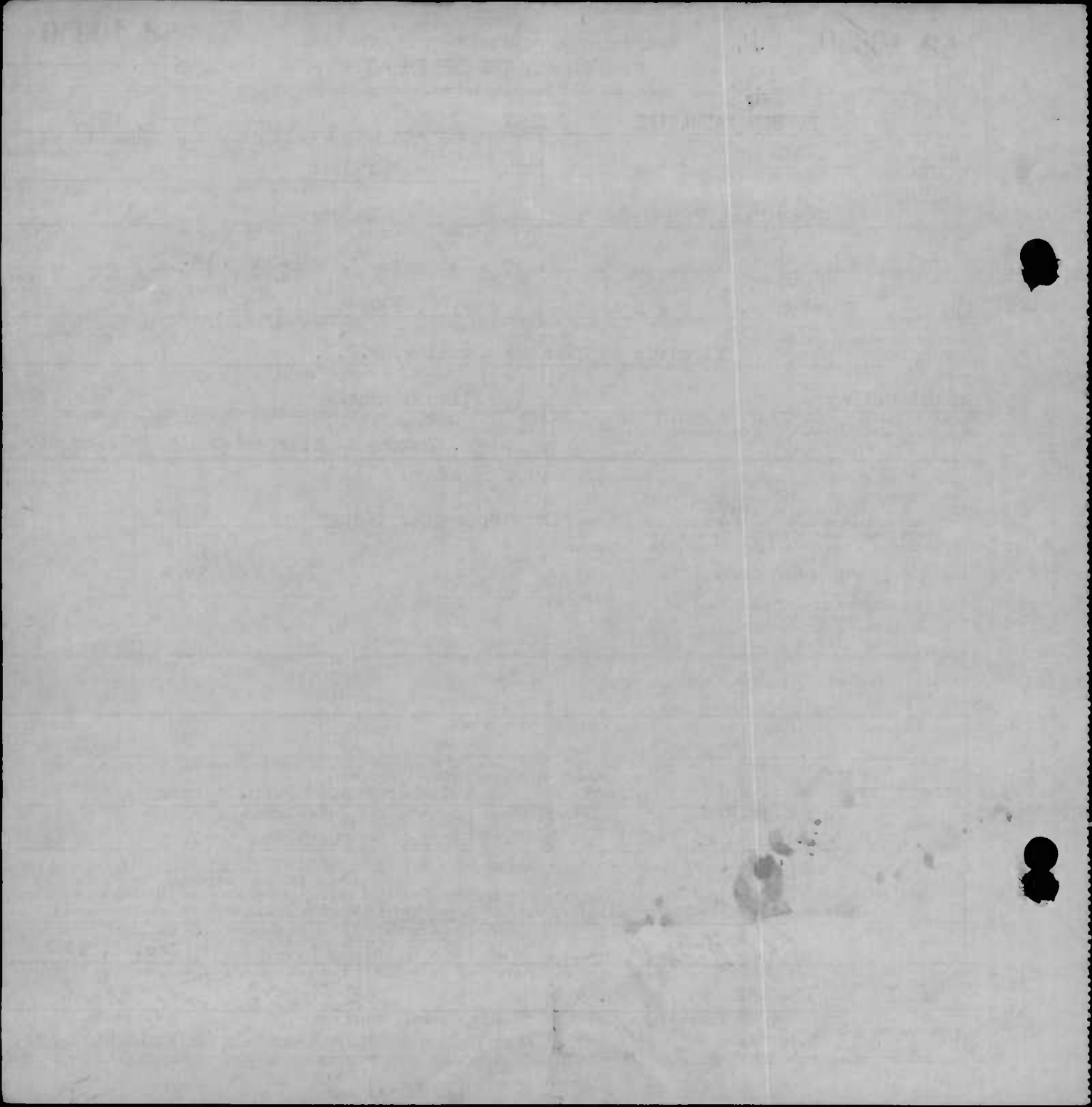
C-400
52 10950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10950
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) RUFEBEN NATHANIEL COLLEY		2. DATE OF DEATH Dec. 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-03			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2433 Woodbrook Ave.			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 6, 1902	9. AGE (In years last birthday) 50	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10B. KIND OF BUSINESS OR INDUSTRY Electric appliances		11. BIRTHPLACE (State or foreign country) Jamaica, B.W.I.	
13. FATHER'S NAME Samuel Colley		14. MOTHER'S MAIDEN NAME Ellen Mitchell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Thomas A. Mitchell-2117 Division St.	
18. E 812.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Craniocerebral injury DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Mosher Ave. & Penn. Avenue 14/2	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 29, 1952 11:00 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Struck by trackless trolley	
22. I certify that I took charge of the remains described above, held an autopsy thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , <u>accident</u> <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Dec. 2, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-4-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS Holland Funeral Home-1631 Druid Hill Ave.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Holland Funeral Home-1631 Druid Hill Ave.	

VS 151 N 803.2 52 029966 9 1 3



H 430
52 10951BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10951
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>James Graham Alexander Halliday</i>		2. DATE OF DEATH <i>Dec. 1, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>634 St. Mosher St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-02</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>634 St. Mosher St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Apr. 13, 1883</i>	9. AGE (In years last birthday) <i>69</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Butler</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Not family</i>	11. BIRTHPLACE (State or foreign country) <i>Belair, Ind.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Alexander Halliday</i>		14. MOTHER'S MAIDEN NAME <i>Harriet Johnson</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Dr. J. B. Hughes</i> <i>634 St. Mosher St.</i>			
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ANTECEDENT CAUSES		DUE TO		<i>Coronary Thrombosis</i> <i>10 min</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		<i>Arterio Sclerosis</i> <i>5 yrs?</i>	
(C)				<i>Myocarditis</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov 8</i> , 19 <i>52</i> , to <i>Dec 1</i> , 19 <i>52</i> ; that I last saw the deceased alive on <i>11-15</i> , 19 <i>52</i> , and that death occurred at <i>12:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. B. Hughes</i>		23B. ADDRESS <i>825 N. Fremont Av</i>		23C. DATE SIGNED <i>12/2/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec 3 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Ind.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 3 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Francis J. Stone</i> <i>634 St. Mosher St.</i>			

52 10952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10952

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH LEROY JENNINGS

2. DATE OF DEATH December 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-05

D. STREET ADDRESS (If rural, give location)

105 W. 20th Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 10, 1906

9. AGE (In years last birthday)

46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Contractors

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John E. Jennings

14. MOTHER'S MAIDEN NAME

Susie Threat

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Bernard Jennings, brother, 521 E. 23rd St.

18. 150X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the Esophagus

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐

23C. DATE SIGNED

M.D. MEDICAL INVESTIGATOR ☒ 12/1/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Dec. 4, 1952

Family lot

Richmond, Va

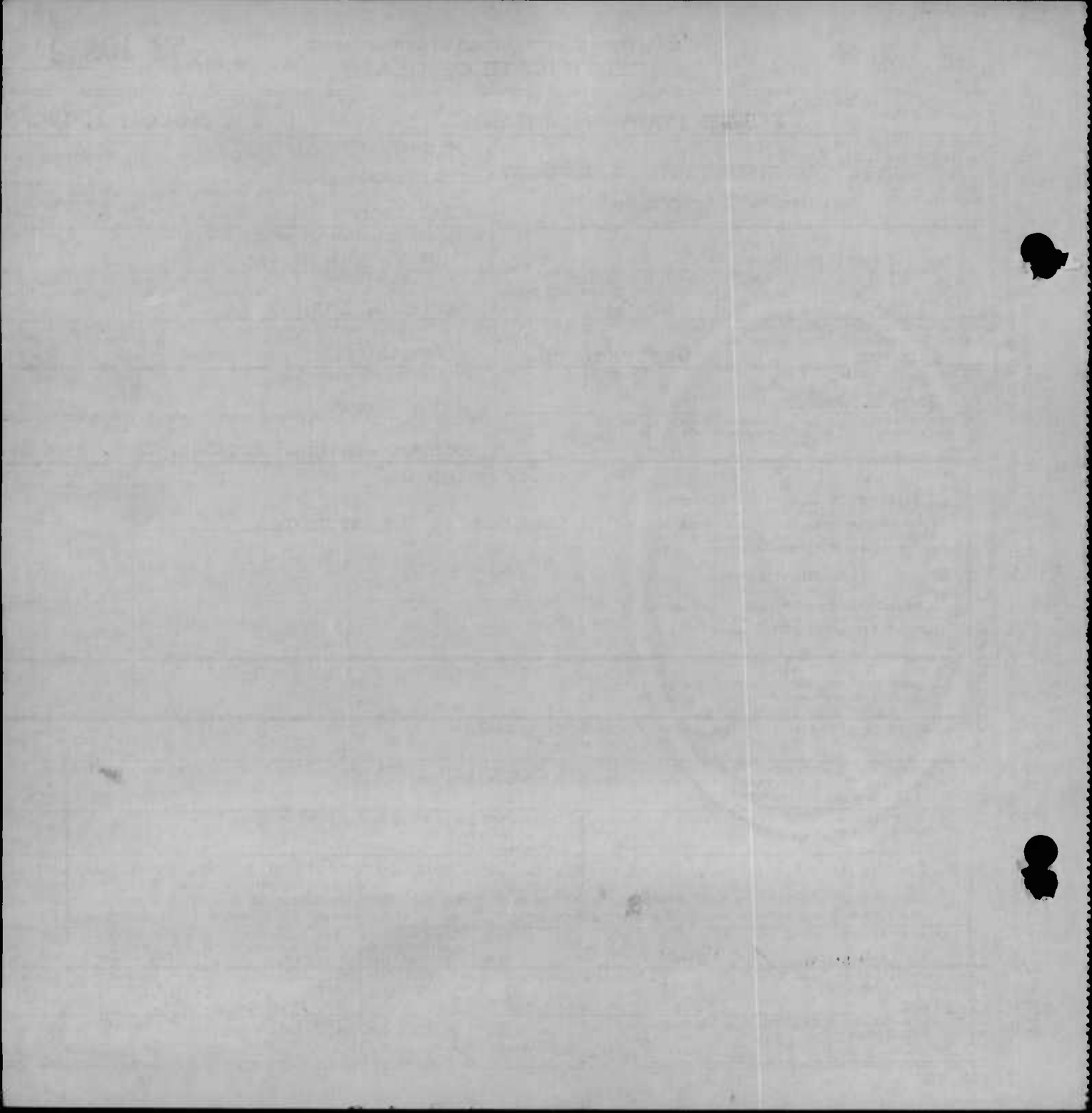
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Huntington Williams, Jr.

1651 Druid Hill Ave.



PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 10953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10953

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lucy Mae Child</i>		2. DATE OF DEATH <i>Nov. 30, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Dr. A. Hoop.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-0</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1438 Brent St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 11, 1906</i>	9. AGE (In years last birthday) <i>46</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>St. Marys Co. Md.</i>	
13. FATHER'S NAME <i>Randolph Seigal</i>		14. MOTHER'S MAIDEN NAME <i>Hattie Surwell</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mr. Henry Child</i>	
18. <i>443X1</i>		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Hypertensive Cardiovascular Disease</i>			<i>6 mo</i>
ANTECEDENT CAUSES		(B) <i>Chronic Nephritis</i>			<i>3 mo</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-28</i> , 19 <i>52</i> , to <i>11-30</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>11-30</i> , 19 <i>52</i> , and that death occurred at <i>4:00 p. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Frank C. Culbas</i>		M. D. <i>558 Mc W. Chen H</i>		23C. DATE SIGNED <i>12/2/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 4, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>W. L. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>Charles J. Surwell</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 3 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

100-100000

CERTIFICATE OF DEATH

100-100000

CAUSE OF DEATH

100-100000

100-100000

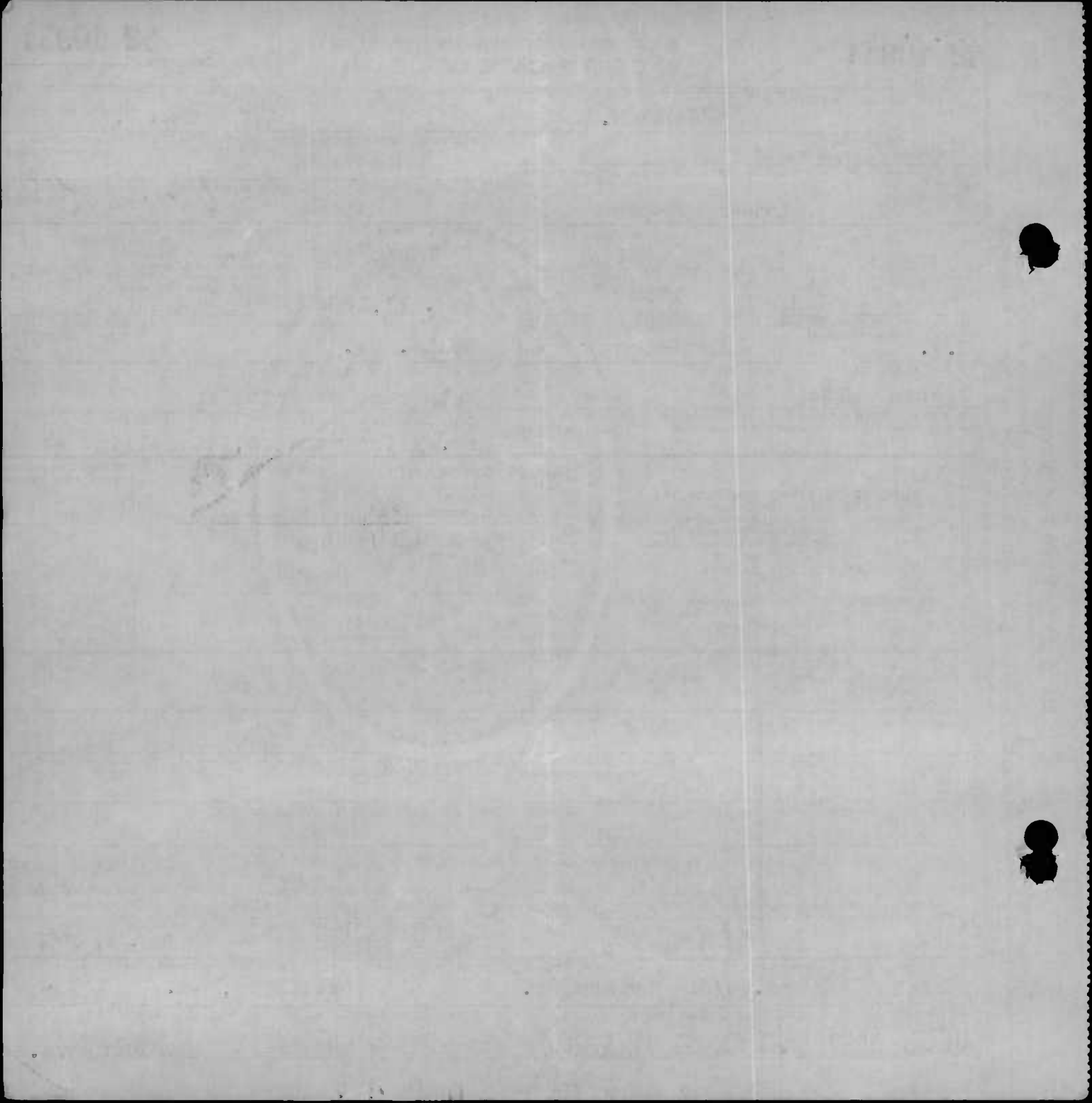
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10954
Registered No.

BIRTH NO. 52 10954		2. DATE OF DEATH Dec. 2, 1952	
1. NAME OF DECEASED (Type or Print) ELEANOR M. HIGH		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-06	
c. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 752 Poplar Grove St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 11, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 70
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Walter		14. MOTHER'S MAIDEN NAME Katherine Steinmuller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Alice Sommers		ADDRESS 146 Collins Av	
18. 415x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Arteriosclerotic and rheumatic heart disease DUE TO with Myocardial failure ANTECEDENT CAUSES (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Dec. 2, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 4/52	
24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Harry A. Smith		ADDRESS 4101 Edmondson Ave.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 10955**

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		GEORGE C. ROSENDALE		Dec. 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			A. STATE Maryland B. COUNTY		
C. Length of stay in Baltimore 50 yrs.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1807 McHenry Street			D. STREET ADDRESS (If rural, give location) 1807 McHenry Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 3, 1888	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce			10B. KIND OF BUSINESS OR INDUSTRY Prince Fruit Mar-		
13. FATHER'S NAME Rosendale			11. BIRTHPLACE (State or foreign country) Penna.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			12. CITIZEN OF WHAT COUNTRY?		
16. SOCIAL SECURITY NO. 214 206 888			14. MOTHER'S MAIDEN NAME Unknown		
17. INFORMANT			ADDRESS		
Mrs. John McElroy			Woodlawn, Md.		

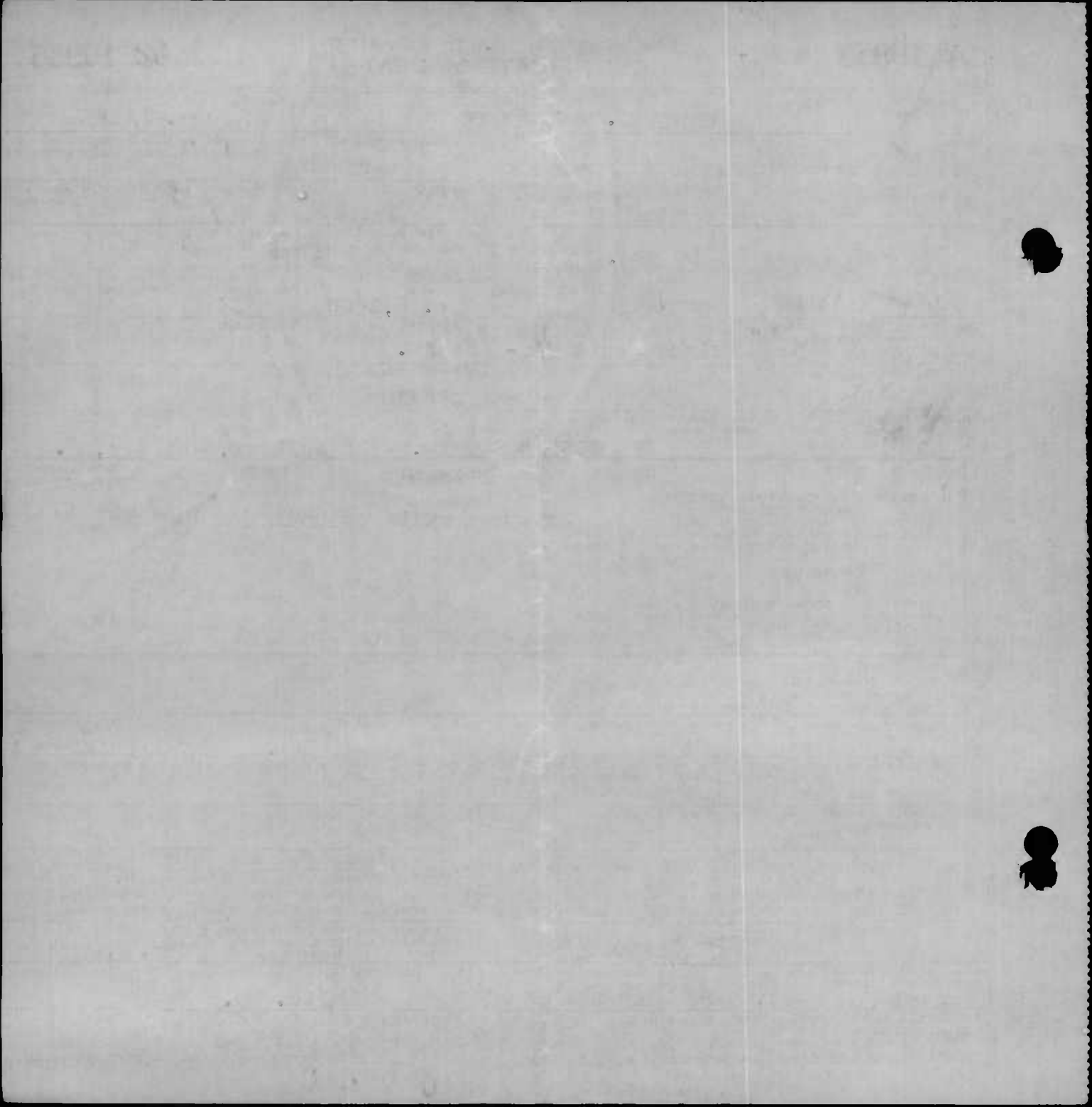
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Arteriosclerotic cardiovascular disease		DUE TO			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>R. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Dec. 2, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 6/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) Balto. Md.					

DATE RECEIVED BY LOCAL REGISTRAR DEC 3 1952		REGISTRAR'S SIGNATURE <i>Harry H. H. H.</i>		25. FUNERAL DIRECTOR <i>Harry H. H. H.</i>	
ADDRESS 4101 Edmondson Av					



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10956

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice W. Propst

2. DATE
OF
DEATH

12-2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

318 S. Mount St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 18, 1865

9. AGE (In years
last birthday)

87

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Anderson Baughker

14. MOTHER'S MAIDEN NAME

Martha Ann--

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm. Propst, 318 S. Mount St.

18. 585X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Cholecystitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Senility

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

12-1-52

19B. MAJOR FINDINGS OF OPERATION

Gangrenous Gall Bladder

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-52, 19__, to 12-2-52, 19__, that I last saw the
deceased alive on 12-2-52, 19__, and that death occurred at 8:05 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Harold L. Daly

M. D.

23B. ADDRESS

Luth. Hosp

23C. DATE SIGNED

12-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Dec. 4/52

24C. NAME OF CEMETERY OR CREMATORY

Weavers Church Cemetery Harrisonburg, Va.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston W. Williams

25. FUNERAL DIRECTOR

Harry A. Hutzler

ADDRESS

4101 Edmondson

AVE

DEC 3 1952

9520010949

82801 57

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 10957

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)George Robert Looking Land2. DATE OF DEATH
December 1 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLANDB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION2233 W. FAYETTE Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

c. Length of stay in Baltimore

74Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2233 West FAYETTE STREET

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JANUARY 8, 1878

9. AGE (In years last birthday)

74

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Police OFFICER

10B. KIND OF BUSINESS OR INDUSTRY

City Police Force

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George Robert Lookingland

14. MOTHER'S MAIDEN NAME

ALVERTA GRIFFITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

(If yes, give war or dates of service)

Spanish-American

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Esmeralda Lookingland, 2233 W. FAYETTE18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) BRONCHIOGENIC CARCINOMA
DUE TO Apex, Right Lung6 Months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from June 23, 1951, to December 1, 1952, that I last saw the deceased alive on Dec 1, 1952, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

5000 Old Frederick Road

23C. DATE SIGNED

12/1/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/5/52

24C. NAME OF CEMETERY OR CREMATORY

Int Olivet

24D. LOCATION (City, town, or county) (State)

Balco. Md

DATE RECEIVED BY LOCAL REGISTRAR

DEC 3 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Henry W. Witya 4401 Edmondson Ave

ADDRESS

VS 150

1952 703 930 950

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

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B-52-10958

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10958

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ena Brown

2. DATE
OF
DEATH

Dec. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

1934 Druid Hill Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1934 Druid Hill Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1934 Druid Hill Ave

c. Length of stay in Baltimore

?

5. SEX

7

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

8/31/97

9. AGE (in years
last birthday)

55

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS 1934
Hazel Robinson Druid Hill Ave

18. 331x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral apoplexy &
Paralysis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30 - 1952 to 12/2, 1952 that I last saw the
deceased alive on 12/2, 1952 and that death occurred at 12 m., from the causes and on the date stated above.

23A. SIGNATURE

Blair R. Little

M. D.

23B. ADDRESS

2135 Druid Hill Ave

23C. DATE SIGNED

12/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 3 1952

Huntington Williams, Jr.

Geo. H. Kelson 1303

Prestman St.

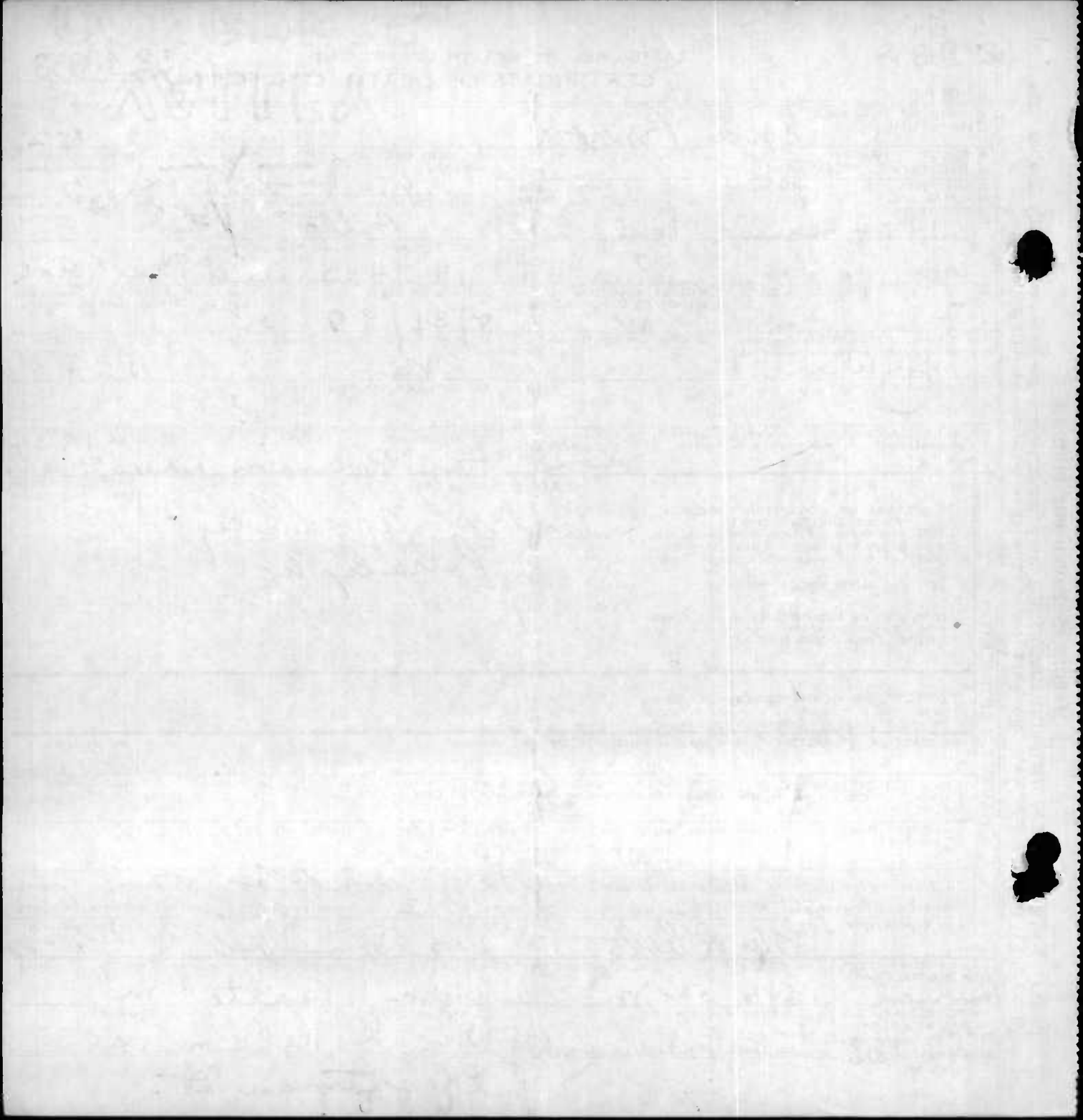
VS 150

195200

1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10959

Registered No. _____

BIRTH NO. 52 10959

1. NAME OF DECEASED (Type or Print) Mary Bentley			2. DATE OF DEATH Nov. 15-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 16yrs Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave., Baltimore City Hospital		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 8-1938		9. AGE (In years last birthday) 94 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Nathan Dorsey			14. MOTHER'S MAIDEN NAME Debora(Deborah) Penn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arterio Scleratic Heart Disease		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-18 , 19 43 to 11-15 , 19 52 , that I last saw the deceased alive on 11-15 , 19 52 , and that death occurred at 2A m., from the causes and on the date stated above.			
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	23C. DATE SIGNED 11-15-1952
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12/3/52	24C. NAME OF CEMETERY OR CREMATORY SACRED HEART	24D. LOCATION (City, town, or county) (State) Balti Co Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
		FUNERAL DIRECTOR J. F. [Signature]	
		ADDRESS 1318 [Signature]	

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

1000

Figure 1

100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10960

BIRTH NO. 52 10960

1. NAME OF DECEASED
(Type or Print)

Anthony Austin

2. DATE
OF
DEATH

December 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

425 N. Pine St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5-19-00

9. AGE (In years
last birthday)

52

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Anthony Austin

14. MOTHER'S MAIDEN NAME

Willie Ann Early

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT'S ADDRESS

JOHNS HOPKINS HOSPITAL 425 N Pine St

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of prostate with metastasis

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29, 1952, to 12-2, 1952, that I last saw the
deceased alive on 12-2, 1952, and that death occurred at 5 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John T. Shurlock

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balti Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

William A Jackson

ADDRESS

VS 150

520010953

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10961**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THELMA

B.

ROWLAND ((ROWAN))

2. DATE
OF
DEATH

November 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **AA**

B. FULL NAME OF HOSPITAL OR INSTITUTION **University Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1 W. 12th Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

D

8. DATE OF BIRTH

6/5/08

9. AGE (In years last birthday)

44

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waitress

10B. KIND OF BUSINESS OR INDUSTRY

Forty Niners Club

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James W. Sank

14. MOTHER'S MAIDEN NAME

Rena L. Schroeder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Family - Same

ADDRESS

18. **E954x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Bronchopneumonia**

DUE TO **syncope during spinal anesthesia**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

University Hospital

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Redwood and Green Streets

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Nov. 26, 1952 12:15 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Syncope during spinal anesthesia

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William S. Schroeder

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
12/1/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

B

24B. DATE

12/4/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James L. McCully - 130 E. Fort Avenue

DEC 3 1952

V S 151

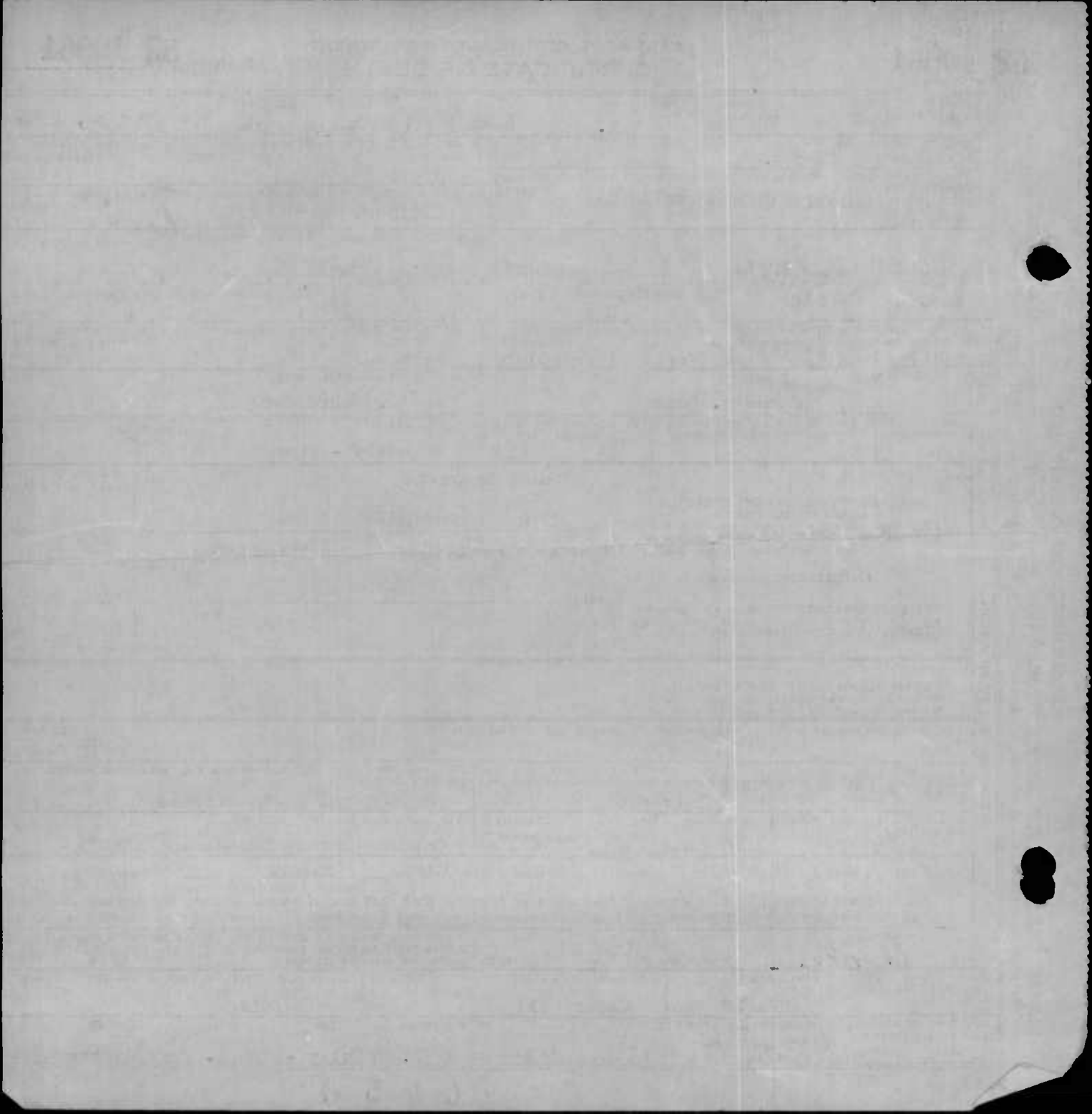
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✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10962

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wheeler, William

2. DATE

OF

DEATH November 30, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2708 E. Chase St.

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 20, 1914

9. AGE (In years last birthday)

38

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Inspector

10B. KIND OF BUSINESS OR INDUSTRY

Rustless Iron & Steel

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William A. Wheeler

14. MOTHER'S MAIDEN NAME

Anna C. Discher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Doris A. Wheeler, wife, above

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Ventricular fibrillation & Shock

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Posterior myocardial infarction

DUE TO

(C) Coronary artery occlusion

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

degree heart block

Paroxysmal ventricular tachycardia; 1st

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from November 30, 1952, to November 30, 1952 that I last saw the deceased alive on Nov. 30, 1952 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis A. Fritz

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

Nov. 30, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 4, 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

VS 150

52 0690308 9 5 5

1950

CRYSTAL LANE

1950



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10963
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE MARY SMITH

2. DATE
OF
DEATH

Nov. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2710 Ashland Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township)

Baltimore

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2710 Ashland Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 1, 1901

9. AGE (in years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

John Edward Byrne

14. MOTHER'S MAIDEN NAME

Anna Dorothy Feller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank M. Smith, husband, above

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Chronic Lymphatic Leukemia 6 mos.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/4 1952 to 11/30 1952, that I last saw the
deceased alive on 11/28, 1952, and that death occurred at 5:04 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 4, 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 3 1952

Huntington Williams

Schimunek Funeral Home, Inc.
5601-3-5 E. Madison St.

VS 150

1 5 2 0 0 1 0 9 5 6

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10964

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAEL FRANCIS GLEASON

2. DATE OF DEATH
Dec. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1611 Lamont Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1611 Lamont Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Dec. 3, 1864

9. AGE (In years last birthday)

37

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Alarm & Telegraph Dept.

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Fire Dept.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Martin Gleason

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John W. Gleason, son, 415 N. Castle St.

18. 592x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to Dec. 1, 1952, that I last saw the deceased alive on Dec. 1, 1952 and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. H. Greener

M. D.

23B. ADDRESS

1520 E. 33rd St.

23C. DATE SIGNED

12.3.52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

Dec. 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county)

Brooklyn, Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

VS 150

14529010957

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

For Approval by M.E.

140
52 10965

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10965

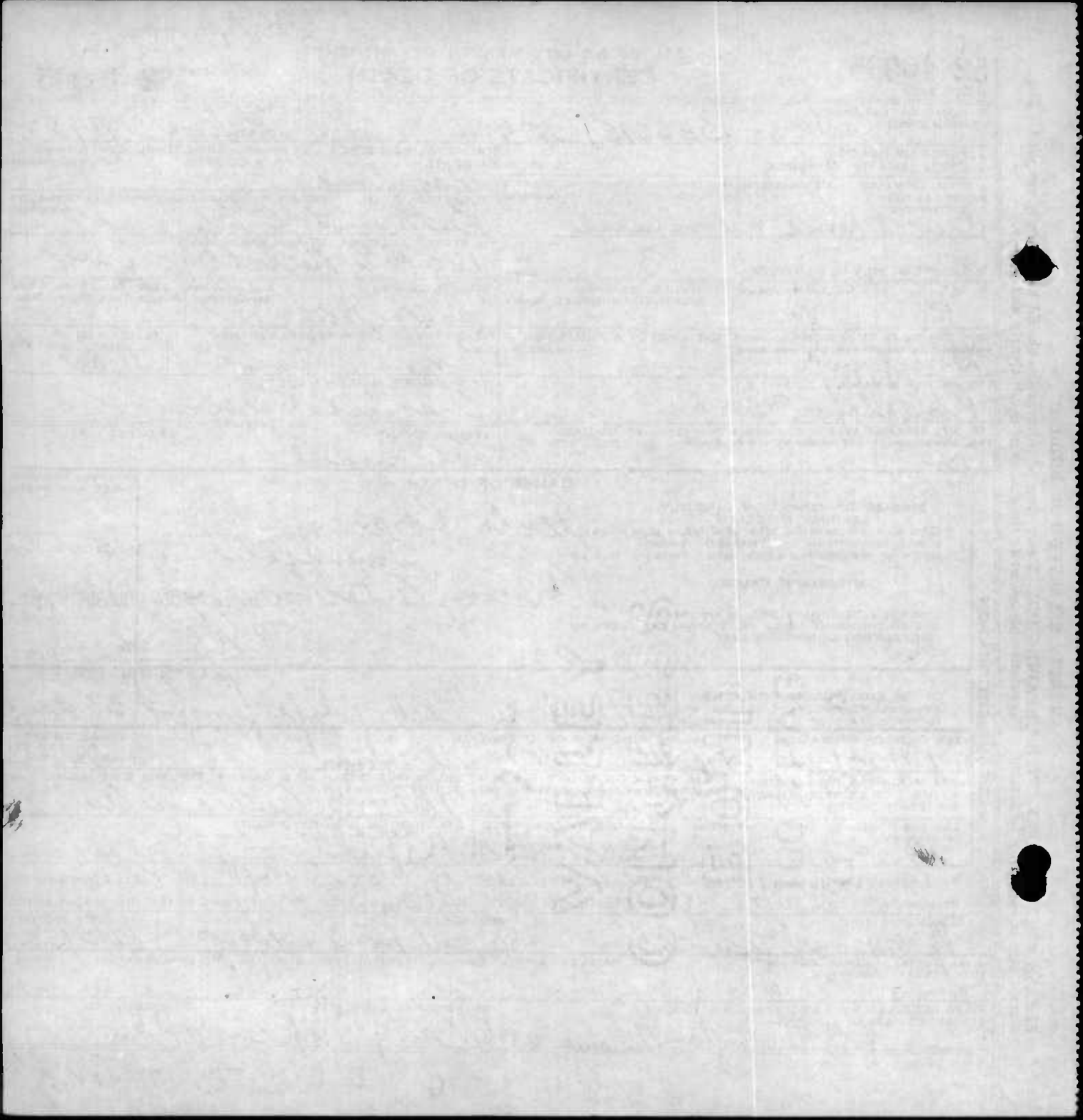
1. NAME OF DECEASED (Type or Print) MRS. BESSIE GABLE			2. DATE OF DEATH DEC. 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital			C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township) Baltimore 27-38		
C. Length of stay in Baltimore 3 Yrs. 3 Mos. 3 Days			D. STREET ADDRESS (If rural, give location) 1634 E. Belvedere Ave.		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) N	8. DATE OF BIRTH June 22, 1880	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		
11. BIRTHPLACE (State or foreign country) Pennsylvania			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Charles Herb			14. MOTHER'S MAIDEN NAME Augusta Henzi		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Deceased			ADDRESS		
18. 420.1 and E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary Insufficiency			INTERVAL BETWEEN ONSET AND DEATH 15 min		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Arteriosclerosis			DUE TO Coronary Arteriosclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture neck of left femur			CHIEF OR ASST. MEDICAL EXAMINER. B. Fisher		
19A. DATE OF OPERATION 10/29/52			19B. MAJOR FINDINGS OF OPERATION Fracture neck of left femur		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>			21B. PLACE OF INJURY (e. g., at or about home, farm, factory, street, office bldg., etc.) home		
21C. WHERE DID INJURY OCCUR? 1634 E. Belvedere Ave.			21D. HOW DID INJURY OCCUR? Slipped and fell to floor at home		
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-28-52 3 P. m.			21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
22. I hereby certify that I attended the deceased from 10/28, 1952 , to 12/1, 1952 , that I last saw the deceased alive on 11/29, 1952 and that death occurred at 11:30 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE W. Samuel G. Davis			23B. ADDRESS Church Home & Hosp.		
23C. DATE SIGNED 12/2/52					
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal			24B. DATE 12/8/52		
24C. NAME OF CEMETERY OR CREMATORY Prospect Hill Cem.			24D. LOCATION (City, town, or county) (State) York, Pa.		
25. FUNERAL DIRECTOR Huntington Williams, M.D.			ADDRESS Wm. J. Vickner & Sons		

VS 150

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19520010050

Watts 17, Md.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 10966**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN E. ROTAN

2. DATE
OF
DEATH

Dec. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

**Crawford Retreat
2117 Denison St.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2112 Mt. Holly St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 29, 1872

9. AGE (In years last birthday)

80

10. Under 1 Year 11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles McClure

14. MOTHER'S MAIDEN NAME

Nancy Hartford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Charles T. McClure-2112 Mt. Holly St.

18. **490 X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Lobar pneumonia disease**

DUE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cardio vascular disease**

DUE TO

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

arterio sclerosis advanced

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LAYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 23, 1952** to **Dec. 2, 1952** that I last saw the deceased alive on **Dec. 2, 1952** and that death occurred at **3.10 pm** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Helen E. Rotan

M. D.

2220 Harrison Blvd.

12-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/5/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 5 1952

Huntington Williams, M.D. / J. T. Tichner & Sons

MARGIN RESERVED FOR BINDING

PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10967
Registered No.

52 10967
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CONCETTA MINOTTI BROUSSARD			2. DATE OF DEATH DECEMBER 1st 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2408 OSWEGO AVE			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 40 YRS.			D. STREET ADDRESS (If rural, give location) 2408 OSWEGO AVE		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DECEMBER 5 1891	9. AGE (In years last birthday) 60	10. Under 1 Year Months: 11 Days: 26
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			11. BIRTHPLACE (State or foreign country) LARINO-CAMPORASSO-ITALY		
10B. KIND OF BUSINESS OR INDUSTRY HOME			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME FRANCESCO MINOTTI			14. MOTHER'S MAIDEN NAME Dolorata Varrati		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS AIDA MOLINARI 2408 OSWEGO AVE		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary edema DUE TO Myocardial infarction DUE TO Coronary Thrombosis DUE TO Arteriosclerotic C. V. disease			INTERVAL BETWEEN ONSET AND DEATH 3 hrs 6 hrs 10 years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1945 to Dec-1 , 1952 that I last saw the deceased alive on Dec-1 , 1952 and that death occurred at 9 P. m. , from the causes and on the date stated above.				
23A. SIGNATURE Paul E. Carlier		23B. ADDRESS 2217 South Road		23C. DATE SIGNED 12/3/52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE DECEMBER 5/52		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEMETRY
24D. LOCATION (City, town, or county) (State) Baltimore Md.				
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 322 S. HIGH ST.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

F 425
52 10968

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10968

2431

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Charles Henry Floedenlagen</i>		2. DATE OF DEATH <i>Dec. 2 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>2. W. Preston St.</i> B. COUNTY <i>11-06</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Dwight Nursing Home</i> <i>1912 Eutan Pl.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>7 W. Preston St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>May 26 1872</i>	9. AGE (In years last birthday) <i>80</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Receiving Baggage Reisman</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Charles H - Floedenlagen</i>		14. MOTHER'S MAIDEN NAME <i>Catherine Zeigler</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.			
17. INFORMANT <i>Mrs. Charles Weitzel</i>		17. ADDRESS <i>2610 Patterson Ave</i>			
18. <i>331X</i>		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebro-Vascular Accident</i>			<i>11-25-52</i>
ANTECEDENT CAUSES		(B) <i>Hypertension</i>			<i>sev. yrs.</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 54</i> , 19 <i>54</i> , to <i>Dec 2</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>Dec 1</i> , 19 <i>52</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Ellsworth Cole</i>		23B. ADDRESS <i>2431 Md. Ave</i>		23C. DATE SIGNED <i>12-3-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Crementation</i>		24B. DATE <i>Dec 4 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Buena Vista Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		25. FUNERAL DIRECTOR <i>David R. Martin</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 3 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			
VS 150		1952 0961			

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased: *John J. Smith*
2. Sex: *Male*
3. Age: *45*
4. Date of death: *Jan 15 1900*
5. Place of death: *Home*

6. Cause of death: *Heart Disease*
7. Duration of illness: *2 weeks*
8. Name of attending physician: *Dr. J. H. Jones*

9. Name of informant: *John J. Smith*
10. Signature of informant: *[Signature]*
11. Name of registrar: *John J. Smith*

12. Name of registrar: *John J. Smith*
13. Signature of registrar: *[Signature]*
14. Name of registrar: *John J. Smith*

15. Name of registrar: *John J. Smith*
16. Signature of registrar: *[Signature]*
17. Name of registrar: *John J. Smith*

18. Name of registrar: *John J. Smith*
19. Signature of registrar: *[Signature]*
20. Name of registrar: *John J. Smith*

21. Name of registrar: *John J. Smith*
22. Signature of registrar: *[Signature]*
23. Name of registrar: *John J. Smith*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10969

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILSON EDWIN FOWLER

2. DATE
OF
DEATH

Dec. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4211 Parkwood Avenue

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4211 Parkwood Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 7, 1887

9. AGE (In years last birthday)

65

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Brick Layer

10B. KIND OF BUSINESS OR INDUSTRY

CONST.

11. BIRTHPLACE (State or foreign country)

Baltimore Co, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John J. Fowler

14. MOTHER'S MAIDEN NAME

Sarah E. Hughes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

212-09-9842

17. INFORMANT

ADDRESS 4211

Mrs. Eliz. H. Wilkinson, Parkwood

18.

581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Uremia

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Cirrhosis of the liver

(C) DUE TO

Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 1952, to Dec 2, 1952, that I last saw the deceased alive on Dec 1, 1952, and that death occurred at 3:15 m., from the causes and on the date stated above.

23A. SIGNATURE

Charles V. Lewis

M. D.

23B. ADDRESS

4200 Parkwood Ave

23C. DATE SIGNED

12/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/4/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Edmund J. Ruck, 5305 Harford Rd. #1

DEC 3 1952

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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DEPARTMENT OF HEALTH
BALTIMORE CITY
OFFICE OF THE REGISTRAR
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10970

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wheat, Julia Elizabeth Weller

2. DATE
OF
DEATH

December 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1808 E. 29th Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 26-1890

9. AGE (In years
last birthday)

62

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife + Dressmaker

10B. KIND OF BUSINESS OR
INDUSTRY

Down Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Augustine

14. MOTHER'S MAIDEN NAME

Mary Donahue

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
MR. Edward F. Weller 6104 Green Spring

18.

171X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of cervix

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 2, 1952 to December 3, 1952, that I last saw the
deceased alive on Dec. 3, 1952, and that death occurred at 6:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles Jones

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

Dec. 3, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/6/52

Holy Redeemer

Baltimore

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 3 1952

Huntington Williams, M.D.

L. J. Ruck

5305 HARFORD Rd.

VS 150

1952 63360 0967

07-1-10

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

RECEIVED
JAN 1 1910

STATE OF NEW YORK

ALBANY

THE STATE OF NEW YORK
OFFICE OF THE SECRETARY
JAN 1 1910

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JAN 1 1910

THE STATE OF NEW YORK
OFFICE OF THE SECRETARY

JAN 1 1910

MARGIN RESERVED FOR BINDING

PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10971
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Abbron PALMER

2. DATE
OF
DEATH

12-2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1325 N. CENTRAL AVE.

c. Length of stay in Baltimore

3 YRS

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

M.

C.

W. Dow

4-18-69

83

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

FARMER

N. C.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

ANDERSON PALMER

JOANNA JONES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

LOUISE DAVIS 1507 N. CAROLINE ST

18.

44rx 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chs. Cardio-Cerebral Vascular
Disease 6 mos.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 1, 1952, to 12.2., 1952, that I last saw the
deceased alive on 12.2., 1952, and that death occurred at 4 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Wm. Le Roy Berry

M. D.

1430 E. Chase

12.3.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

REMOVAL

12-5-52

LITTLETON, N. C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 3 1952

Huntington Williams, M.D.

Joseph B. Locks, Jr. 1304 N. Central Ave

VS 150

1852010964

17001 S2

17001 S2

WATLEY

G-600
52 10972BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10972

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alexander Harry (Pork)

2. DATE
OF
DEATH

11-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

628 W. Saratoga St

C. CITY OR TOWN,

Baltimore

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

628 W. Saratoga Street

5. SEX

m

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

Nov. 4, 1905

9. AGE (in years
last birthday)

47

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Self-employed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Candler, N. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Gary

14. MOTHER'S MAIDEN NAME

Annie Addison

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212-20-3137

17. INFORMANT

ADDRESS

Marie Westley 286 Lauretta Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic congestive heart failure

Approx
1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardio-vascular system
disease.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Chr. Glomerular nephritis

Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Nov 22, 1952, that I last saw the
deceased alive on Nov 22, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

H. H. Garland Phillips, M.D.

23B. ADDRESS

1038 Edmondson

23C. DATE SIGNED

11-29-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/4/52

24C. NAME OF CEMETERY OR CREMATORY

Mount Auburn

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Burlington S. Phillips

ADDRESS

1818 N. Monroe St.
Baltimore 13 Maryland

100-1000

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI (100-1000)
FROM : SAC, NEW YORK (100-1000)
SUBJECT: [Illegible]

RE: [Illegible]
[Illegible]

On [Illegible] [Illegible] [Illegible]
[Illegible]

[Illegible]
[Illegible]

[Illegible]
[Illegible]

[Illegible]
[Illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10973

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Grovo

2. DATE
OF
DEATH

Dec. 2 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

6009 C. Adonia Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

D. STREET ADDRESS (If rural, give location)

6009 C. Adonia Ave

c. Length of stay in Baltimore

L. 5

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 23, 1872

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

House work

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Lawrence Cuneo

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Magdalen Grovo 6009 C. Adonia Ave

ADDRESS

18.

422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

Interval between
onset and death

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arterio-sclerotic cordis -
vascular disease

DUE TO

50 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1941, 19, to 12/2, 1952, that I last saw the
deceased alive on 12/1, 1952 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

D. J. O'Hara

M. D.

23B. ADDRESS

5829 Belair Rd

23C. DATE SIGNED

12/3/52

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

Dec 5 - 52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem. Frederick Rd. Balto. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

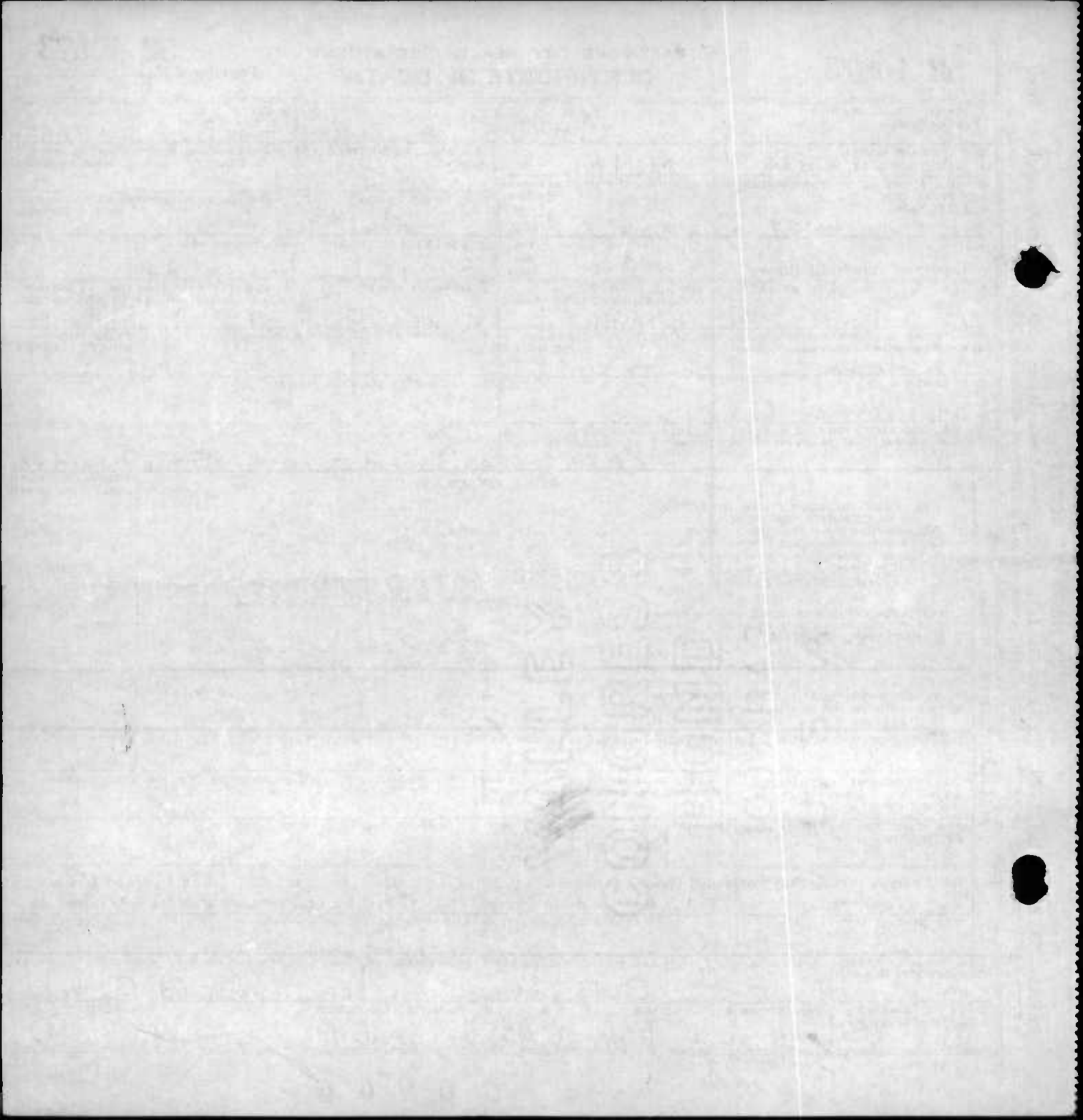
25. FUNERAL DIRECTOR

ADDRESS

Duppel Bros. 7110 Belair Rd

VS 150

105-20010966



MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-6 **D.O.B. 10974** **CRAWFORD**
Medical Examiners **BALTIMORE CITY HEALTH DEPARTMENT**
CASE RELAYED TO HOSPITAL **CERTIFICATE OF DEATH** **Registered No. 52 10974**

BIRTH NO. **52-10974**

1. NAME OF DECEASED (Type or Print) Betty Crawford			2. DATE OF DEATH December 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-01		
c. Length of stay in Baltimore Yrs. 69 Mos. 6 Days 2			D. STREET ADDRESS (If rural, give location) 31 S. Washington St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-7-50		9. AGE (In years last birthday) 2 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) md.	
13. FATHER'S NAME Garland Crawford			14. MOTHER'S MAIDEN NAME Evelyn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS	

18. 325.4 I **CAUSE OF DEATH** **INTERVAL BETWEEN ONSET AND DEATH**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Mongolism, Fractured -
DUE TO Esophageal fistula

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

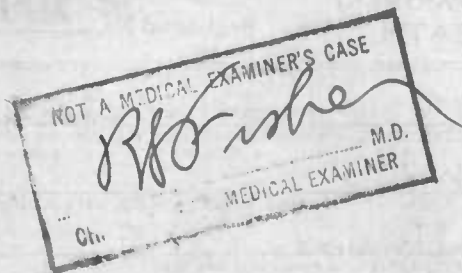
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH NO		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9/2/50, 1950, to 12/2, 1952, that I last saw the deceased alive on 12/2, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE J. H. Kaiser		23B. ADDRESS JOHNS HOPKINS HOSPITAL M. D.		23C. DATE SIGNED 12/3/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE DEC 3 1952		24C. NAME OF CEMETERY OR CREMATORY MT CARMEL CEM	
24D. LOCATION (City, town, or county) O'DONNELL ST MD		25. FUNERAL DIRECTOR Chappel Bldg 1800 E LOHMAN ST		ADDRESS	

VS 150
Certificates to be approved by Medical Examiner



Robert Fisher
Medical Examiner

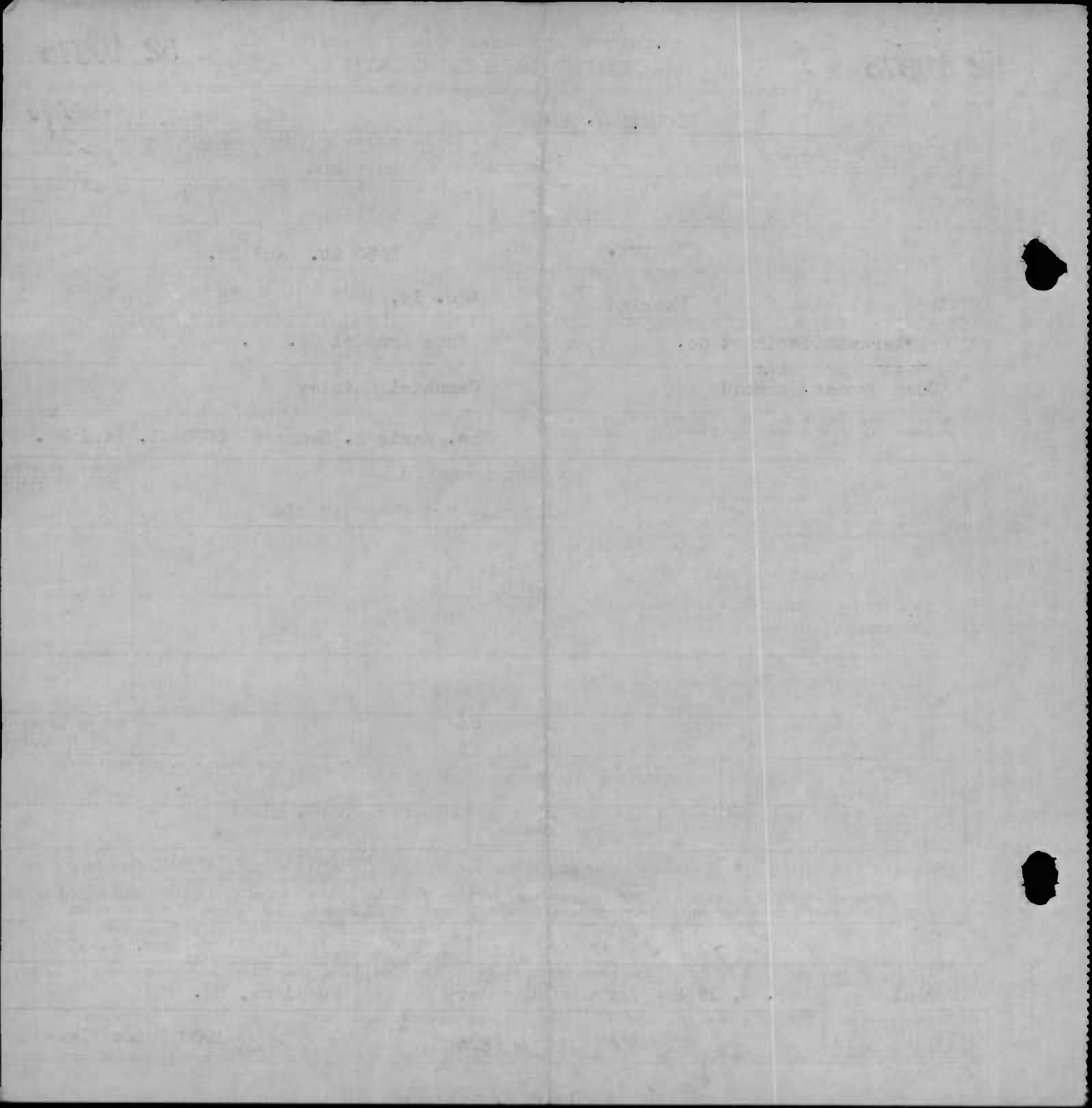
MD

1941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10975

BIRTH NO. 52 10975		1. NAME OF DECEASED (Type or Print) RICHARD T. HAMMOND		2. DATE OF DEATH Dec. 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 33 yrs.		D. STREET ADDRESS (If rural, give location) 2030 St. Paul St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 14, 1883	9. AGE (In years last birthday) 68	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work) Clerk Mercantile Trust Co.		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Anne Arundel Co. Md.	
13. FATHER'S NAME John Thomas Hammond		14. MOTHER'S MAIDEN NAME Camsadel Shipley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Marie N. Hammond	
				ADDRESS 2030 St. Paul St.	
18. 470.1		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary artery sclerosis			
ANTECEDENT CAUSES		(B) _____			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from <u>Autopsy, Inspection or Inquiry</u> the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. Fisher</i>		M.D. 23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		23C. DATE SIGNED Dec. 2, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 4, 1952		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery	
				24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>John O. Mitchell</i>	
				ADDRESS 1900 Eutaw Place	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10976
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Augusta C Robinson

2. DATE
OF
DEATH

Dec. 1 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

5236 Denmore Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-18

D. STREET ADDRESS (If rural, give location)

5236 Denmore Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 27 1889

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

John Lee

14. MOTHER'S MAIDEN NAME

Rebecca Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Edward Robinson 5236 Denmore Ave.

18.

443 X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Subarachnoid Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

*Hypertensive C. V. Disease
Generalized arteriosclerosis*

*3 years
1 year*

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *early 1949* to *Dec 1*, 19*52* that I last saw the deceased alive on *Nov. 30*, 19*52* and that death occurred at *1:30* m., from the causes and on the date stated above.

23A. SIGNATURE

Julius C. Black, M. D.

23B. ADDRESS

5356 Reisterstown Rd

23C. DATE SIGNED

12/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 4-52

24C. NAME OF CEMETERY OR CREMATORY

St Lukes

24D. LOCATION (City, town, or county)

Reisterstown

DATE RECEIVED BY LOCAL REGISTRAR

DEC 3 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M. D. F. E. Line & Sons Reisterstown

25. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1900

STATE OF NEW YORK

CERTIFICATE OF DEATH

1900

1000

Fischbach

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10977

52 10977

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Violet A. Fischbach

2. DATE
OF
DEATH

12-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

825 Chapelgate Lane

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12-8-1915

9. AGE (In years
last birthday)

36

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Illinois - Peru

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Charles F. Witte

14. MOTHER'S MAIDEN NAME

Lillian Neff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

363-07-2466

17. INFORMANT

Henry Fischbach

ADDRESS

Same

18. 195-X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Midbrain Hemorrhage

2 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Rt. Suboccipital Cerebromeningeal

36 hrs

(C)

Cranio-pharyngeal -

2 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-29-52

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13/52, 1952, to 12-1-52, 1952, that I last saw the
deceased alive on 12-1-52, 1952, and that death occurred at 12:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

A. D. Richardson M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

12/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 4/52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

V. B. Blyss + Son 1300 E. Calver

ADDRESS

VS 150

19520010970

17R

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

CERTIFICATE OF DEATH

<p>1. NAME OF DECEASED _____</p>		<p>2. SEX _____</p>		<p>3. AGE _____</p>	
<p>4. DATE OF BIRTH _____</p>		<p>5. PLACE OF BIRTH _____</p>		<p>6. OCCUPATION _____</p>	
<p>7. DATE OF DEATH _____</p>		<p>8. PLACE OF DEATH _____</p>		<p>9. CAUSE OF DEATH _____</p>	
<p>10. MEDICAL HISTORY _____</p>		<p>11. PHYSICIAN'S SIGNATURE _____</p>		<p>12. REGISTRAR'S SIGNATURE _____</p>	
<p>13. COUNTY _____</p>		<p>14. CITY _____</p>		<p>15. STATE _____</p>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10978
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth M. MENKE

2. DATE
OF
DEATH

DEC-1-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

156 S. Mosley St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

156 S. Mosley St.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (If years
last birthday)

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Housewife

At Home

Baltimore City

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

John R. POOLE

Helen Hacht Kinst

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

None

Edward F. MENKE - Same

18. *4 yr 2*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *MYOCARDIAL DEGENERATION.*

1 YEAR

DUE TO

SENILITY.

1-2 ..

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

0

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from *3-27*, 195*2*, to *12-1*, 195*2*, that I last saw the
deceased alive on *12-29*, 195*2*, and that death occurred at *12-1* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. Lloyd Johnson

M. D.

Catonville, Md

12-2-52

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Dec 3

Woodrow Park

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 4 - 1952

Huntington Williams, M.D.

E. G. Hippen & Son

VS 150

19520010971

Pro Entaw Rd-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1917

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PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 10979BIRTH NO. 450

1. NAME OF DECEASED (Type or Print) <u>John HERMAN BEELEN</u>			2. DATE OF DEATH <u>DEC 3, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>12-07</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2627 MILES AVE</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u>		
C. Length of stay in Baltimore <u>LIFE</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>2627 MILES AVE.</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 3, 1878</u>	9. AGE (In years last birthday) <u>74</u>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MOTORMAN</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>TRANSIT CO.</u>	11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>HENRY BEELEN</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>215-09-3704</u>	17. INFORMANT ADDRESS <u>MARIE C. BEELEN 2627 MILES AVE</u>		

18. <u>151X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of Stomach</u> DUE TO	CAUSE OF DEATH <u>5 Mos.</u> INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO	

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Mar 52</u> , 19 <u>52</u> to <u>Dec 2</u> , 19 <u>52</u> that I last saw the deceased alive on <u>Dec 2</u> , 19 <u>52</u> , and that death occurred at <u>4:30 PM</u> m., from the causes and on the date stated above.		
23A. SIGNATURE <u>L. Emmett Green</u>	23B. ADDRESS M. D. <u>Med. Asst. Sec. Baetr. Md.</u>	23C. DATE SIGNED <u>Dec 3, 1952</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>12-5-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>London Park</u>
24D. LOCATION (City, town, or county) (State) <u>BALTIMORE, Md.</u>	25. FUNERAL DIRECTOR ADDRESS <u>Geo. L. Schwab 2101 Frederick Ave</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 4 - 1952</u>		
REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		

R-452
52 10980BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10980

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANIELA Ella Rolnick Rolnick

2. DATE
OF
DEATH

Dec. 2 '1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1823 Alice Ann St.

c. Length of stay in Baltimore

35

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE (MARRIED, WIDOWED, DIVORCED (Specify))

MARRIED

8. DATE OF BIRTH

?

9. AGE (In years last birthday)

70

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

American

13. FATHER'S NAME

Pitcoe

14. MOTHER'S MAIDEN NAME

M. Petko

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Anthony Rolnick

18. 422.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular

DUE TO disease & cardiac decompensation

ANTECEDENT CAUSES

(B) Diabetes mellitus

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 1, 1952 to Dec. 2, 1952 that I last saw the deceased alive on Dec. 2, 1952 and that death occurred at 11:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Se-jui Lin

M. O.

Md. General Hospital

Dec. 2 '1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Dec. 6/52

Holy Rosary

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FURNERAL DIRECTOR

ADDRESS

DEC 4 - 1952

Huntington Williams, M.D.

Fred M. Goswami

ADDRESS

02001 SE

02001 SE

Lopu Waeta.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10981

Registered No. _____

BIRTH NO. 52-283721. NAME OF DECEASED
(Type or Print)

Infant of Lucille White

(484712)

2. DATE
OF
DEATH

November 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

428 North Carey Street - 23

c. Length of stay in Baltimore

Infant

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

November 12, 1952

9. AGE (In years last birthday)

10 Under 1 Year
Months: Days: 1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Sims

14. MOTHER'S MAIDEN NAME

Lucille White

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18.

776 x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 12, 1952 to November 13, 1952 that I last saw the deceased alive on November 13, 1952 and that death occurred at 10.30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Lucille White

M. O.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

11-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

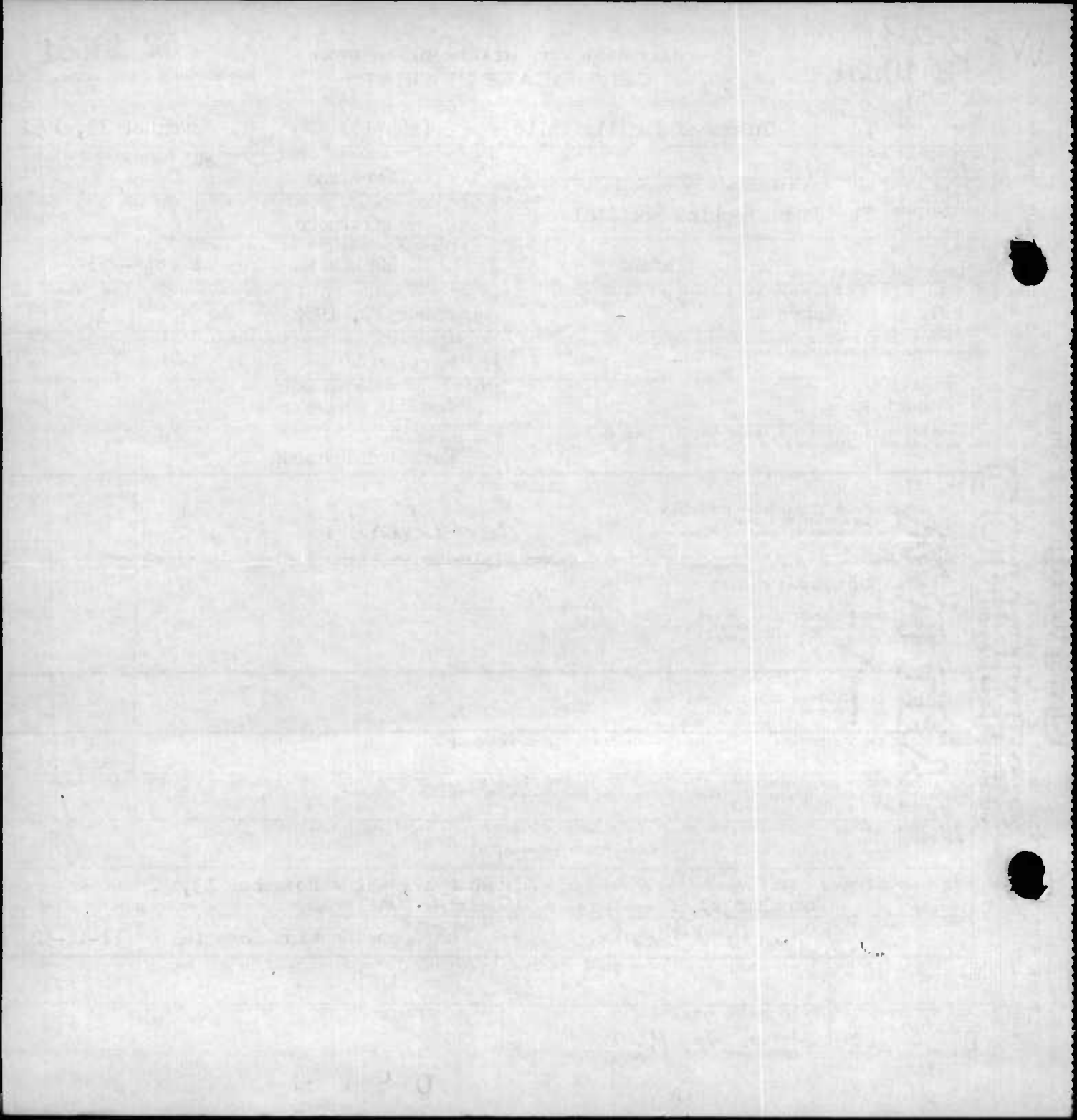
ADDRESS

DEC 4 - 1952

Huntington Williams, M.D.

VS 150

19520010974



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10982

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Marion Etta Anderson Keen</u>			2. DATE OF DEATH <u>11/29/52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>City.</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Grondent Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>2342 Mc Culloch St.</u>		
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-7-1895</u>	9. AGE (In years last birthday) <u>57</u>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		
11. BIRTHPLACE (State or foreign country) <u>Charleston S.C.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>John Anderson</u>			14. MOTHER'S MAIDEN NAME <u>Marion Shirley</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		
17. INFORMANT ADDRESS <u>Lillie Gater - 1009 - W. Inf. Ave.</u>					

18. <u>171X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Ca of Cervix</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>11/4/52</u> , 19 <u>52</u> , to <u>11/29/52</u> , that I last saw the deceased alive on <u>11/29/52</u> , 19 <u>52</u> , and that death occurred at <u>3:35 A.M.</u> , from the causes and on the date stated above.				
23A. SIGNATURE <u>[Signature]</u>	23B. ADDRESS <u>Grondent Hospital</u>	23C. DATE SIGNED <u>12/1/52</u>		

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Dec 4/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt Auburn Cem</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 4 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>Chas H Alexander</u> <u>610 George St. Balto.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10983**

BIRTH NO. **52 10983**

1. NAME OF DECEASED (Type or Print) JOSEPH A. RATAJ CZAK			2. DATE OF DEATH December 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1-04		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2238 Essex Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH About 1885 ?		9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10B. KIND OF BUSINESS OR INDUSTRY Wentworth O.E.&CO.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
13. FATHER'S NAME Michael Ratajczak			14. MOTHER'S MAIDEN NAME Antonina Sobczak		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) W.W.I		16. SOCIAL SECURITY NO.		17. INFORMANT Mary Ratajczak	
				ADDRESS 807 Winston Avenue	

18. E903.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Skull Fracture		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2227 Essex Street
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 11/28/52 4:35 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? fell to pavement

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *William H. Weber* 23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED **12/1/52**
M.D. MEDICAL INVESTIGATOR ☐

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Dec, 5th, 1952** 24C. NAME OF CEMETERY OR CREMATOR **Holy Rosary** 24D. LOCATION (City, town, or county) (State) **German Hill Rd., Balto, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **DEC 4 - 1952** REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR **George A. Weber** ADDRESS **705 S. Ann St**

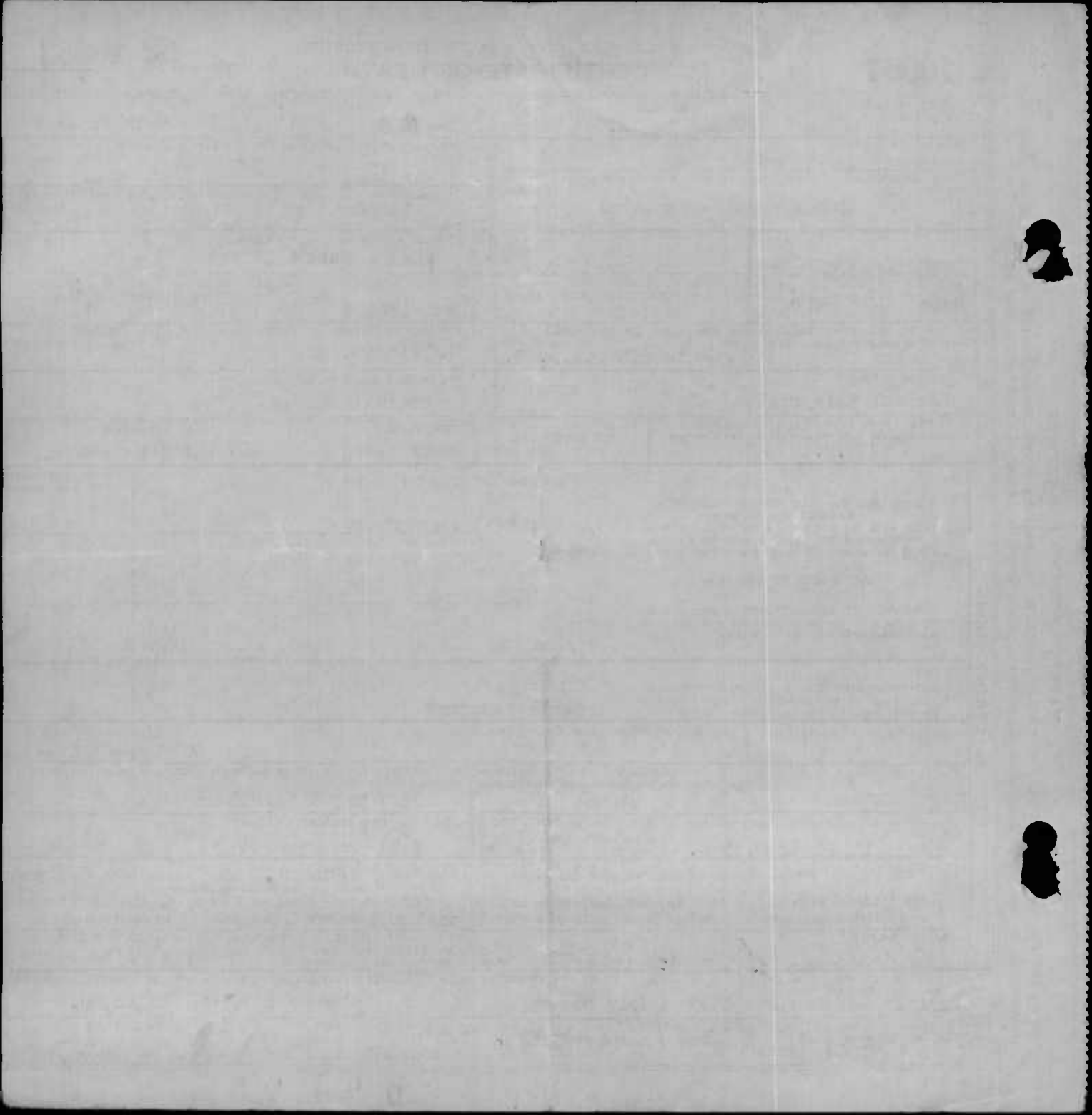
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✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

460
52 10984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10984
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CARRIE F. MILLER		2. DATE OF DEATH 12/4/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 831 Powers St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 13-06			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 831 Powers St.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 11, 1871	9. AGE (In years last birthday) 81	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Pa	
13. FATHER'S NAME -		12. CITIZEN OF WHAT COUNTRY? -			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -		17. INFORMANT Ruth M. Allen	
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Malnutrition - Atherosclerosis		CAUSE OF DEATH (A) Malnutrition - Atherosclerosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cancer of Stomach type indeterminate		(B) Cancer of Stomach type indeterminate DUE TO		2 yrs.	
(C) -					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Congenital heart disease - Hypertrophic cardiomyopathy					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION cardiomegaly - hypertrophy		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 1947 to Dec 27, 1952 that I last saw the deceased alive on Nov 27, 1952 and that death occurred at 4:51 a.m. from the causes and on the date stated above.					
23A. SIGNATURE John B. Shum		23B. ADDRESS 8600 Hampden Rd		23C. DATE SIGNED Dec 4 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/6/52		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	
24D. LOCATION (City, town, or county) (State) Windsor Mill Rd.		25. FUNERAL DIRECTOR Paul E. Schenck		25. ADDRESS 3615-17 Chestnut Ave.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

VS 150

19520010972

Dr. Osborne
5600 Highland Rd.

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10985

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Isaac Read

2. DATE
OF
DEATH

12-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

U. H

C. CITY OR TOWN (If outside corporate limits, write R.R. (L. and give township)

Balt

15-11

c. Length of stay in Baltimore

5

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3702 Fernhill Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

unk

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired; stock

10B. KIND OF BUSINESS OR INDUSTRY

Stock Market

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Sarana

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Daughter

ADDRESS

Same

18. 493X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebro Vascular

DUE TO

Accident

(B)

Bronchitis

DUE TO

Pneumonia

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3, 1952, to 12/3, 1952, that I last saw the deceased alive on 12/3, 1952 and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

L. Felipe

Gonzales

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

12/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

12-4-52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Charleston, S. C.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 4-1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Jack Lewis, M.D. 2100 Cantor Pl

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10986
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rudolph, Miss Madelon

2. DATE
OF
DEATH

Dec 2, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Church Home & Hospital

C. CITY OF TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-01

C. Length of stay in Baltimore

25 yrs

D. STREET ADDRESS (If rural, give location)

Temple Garden Apts # 303

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept 30, 1928

9. AGE (In years
last birthday)

25

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Louis Rudolph

14. MOTHER'S MAIDEN NAME

SARA Rome

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 456X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Aortic Aneurysm

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Periarteritis Nodosa

Indefinite

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12/1/52

19B. MAJOR FINDINGS OF OPERATION

Very large Aneurysm of Descending Thoracic Aorta

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in of
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16, 1952, to 12/2, 1952, that I last saw the
deceased alive on 12/2, 1952 and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Reed Carroll

M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

12/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-5-52

24C. NAME OF CEMETERY OR CREMATORY

Sheehy Sholom

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis 2100 Canton Pl

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10987

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA EZRINE

2. DATE
OF
DEATH

12-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2047 Wickens Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bernard

14. MOTHER'S MAIDEN NAME

Esther

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Brook Ezrine - 3404 Forest Park Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(Thia does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

arterio sclerotic cardiac
vascular disease

2 yrs

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/50, to 12/14, 1952, that I last saw the
deceased alive on 12/3, 1952, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Miller MD

M. D.

23B. ADDRESS

2030 Wickens Ave

23C. DATE SIGNED

12/4/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial

12-4-52

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 2100 Cutaw Rd

Muller
2030 W. Keweenaw
Si 4306 - 87570

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10988

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY

CARTER

2. DATE
OF
DEATH

December 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

512 N. Mount Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
Male6. COLOR OR RACE
Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 14, 1889

9. AGE (In years
last birthday)

63

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shipping Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Essex Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Carter

FATHER

14. MOTHER'S MAIDEN NAME

Polly Gaines

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W.I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elean Isabelle 1319 N. Carey St

1B. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Smith

23B. CHIEF MEDICAL EXAMINER.....☒
M.D. ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

12/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

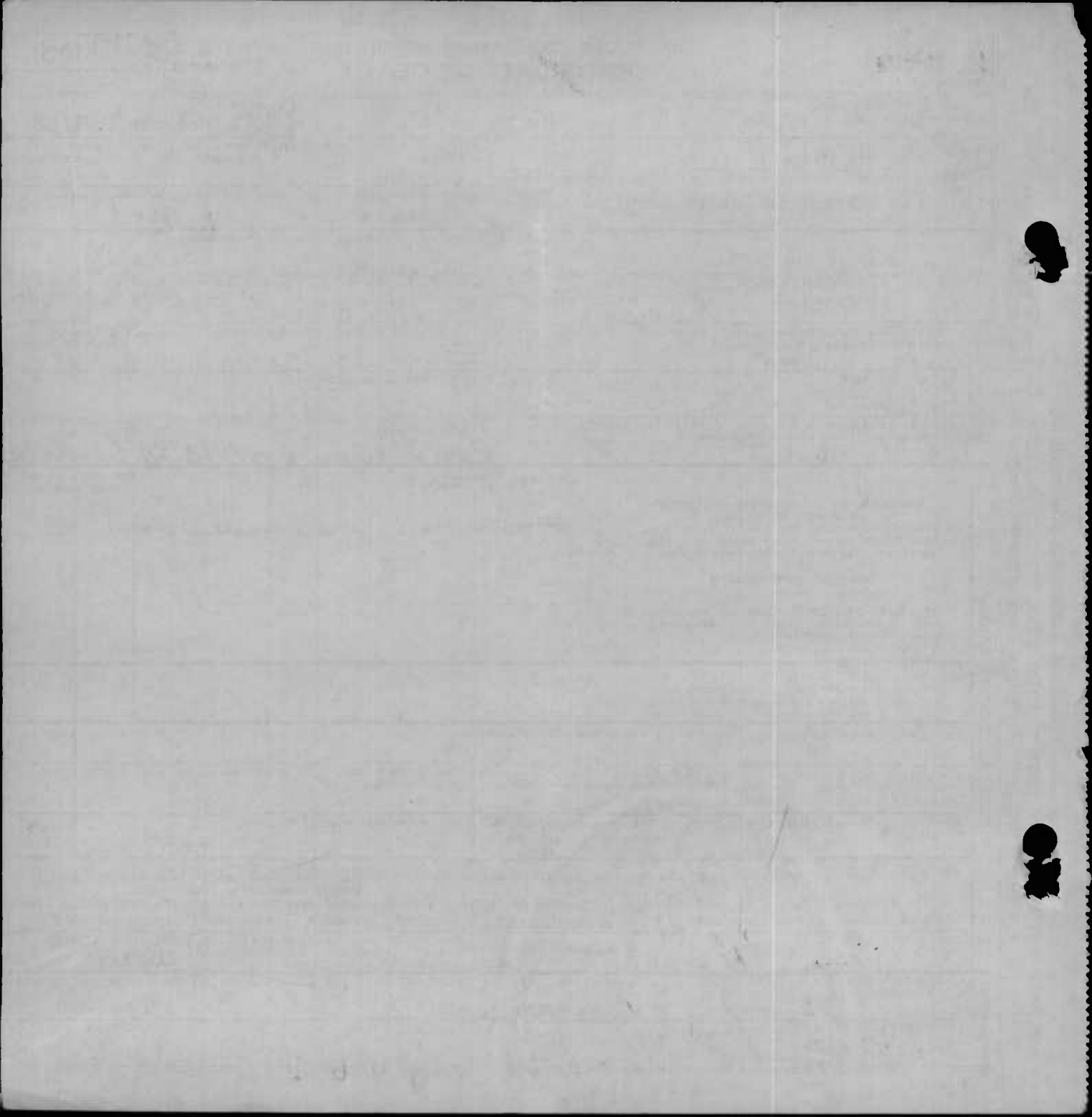
ADDRESS

DEC 4 - 1952

Huntington Williams, M.D.

Mrs. Katie R. Williams

Schmiedel



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 10989

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DODYE H. FRANK

2. DATE
OF
DEATH

Dec. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Temple Garden Apts.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Temple Garden Apts.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 2, 1879

9. AGE (In years last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Reuben Lyon

14. MOTHER'S MAIDEN NAME

Deborah K.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT ADDRESS
Mr. Bertram A. Frank - 903 Lake Drive

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1951, to Dec 2, 1952, that I last saw the deceased alive on Dec 1, 1952, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Bernard J. Cohen M.O.

23B. ADDRESS

Marlborough Ct

23C. DATE SIGNED

12/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/4/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. Hebrew Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Thos. J. Pickens & Sons

ADDRESS

Balto 17, Md.

CERTIFICATE OF DEATH

STATE OF NEW YORK

1911

County of _____

City of _____

State of _____

Decedent's Name _____

Age _____

Sex _____

Marital Status _____

Occupation _____

Place of Birth _____

Date of Death _____

Time of Death _____

Place of Death _____

Signature of Physician _____

Signature of Coroner _____

Signature of Registrar _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

T-651
52 10990BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 52 10990
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Turnbull, Miss Rhoda Estelle</u>		2. DATE OF DEATH <u>Dec. 3, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Frederick</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home For Incurables - 700 W. 4th St.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Monrovia</u> <u>6000</u>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>—</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 2, 1892</u>	9. AGE (in years last birthday) <u>60 yrs.</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Monrovia, Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Charles T. Turnbull</u>		14. MOTHER'S MAIDEN NAME <u>Nettie Hyatt</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT ADDRESS <u>Charlotte E. Henneman Home For Incurables record</u>	
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Hypertensive Cardio-Vascular Disease.</u> DUE TO INTERVAL BETWEEN ONSET AND DEATH <u>8 years</u>		ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Sporadic Quadriplegia</u> DUE TO <u>61 years.</u>			
19A. DATE OF OPERATION <u>—</u>		19B. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>	
21D. TIME (Month) (Day) (Year) (Hour) <u>—</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>1934</u> , to <u>December 3, 1952</u> , that I last saw the deceased alive on <u>December, 1952</u> and that death occurred at <u>9:55 A.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>W. Dreffow Herzog</u>		23B. ADDRESS <u>214 Medical Arts Building</u>		23C. DATE SIGNED <u>12/3/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24B. DATE <u>12/5/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Park Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto., Md.</u>		25. FUNERAL DIRECTOR ADDRESS <u>Wm. J. Tickener & Sons</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 4 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>			
VS 150 <u>19520010003 Balto 17, Md.</u>					

OFFICE

RECEIVED

OFFICE



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10991**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE EDWARD Waidner

2. DATE
OF
DEATH

Dec. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

602 Wyanoke Ave.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 28, 1892

9. AGE (in years
last birthday)

60

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Self-Employed

10B. KIND OF BUSINESS OR
INDUSTRY

Plumber

11. BIRTHPLACE (State or foreign country)

Sherwood, Mass

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Waidner

Cnst.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World I

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mrs. Marion E. Waidner

ADDRESS

Above

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CEREBRAL HEMORRHAGE

5 HRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

ARTERIAL LESIONS

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

NONE

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SUND, 1947 to DEC. 3, 1952, that I last saw the
deceased alive on DEC 3, 1952 and that death occurred at 8 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Stuart D. Green

M. D.

23B. ADDRESS

201 Emsw 33rd St.

23C. DATE SIGNED

12/3/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/5/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 4 - 1952

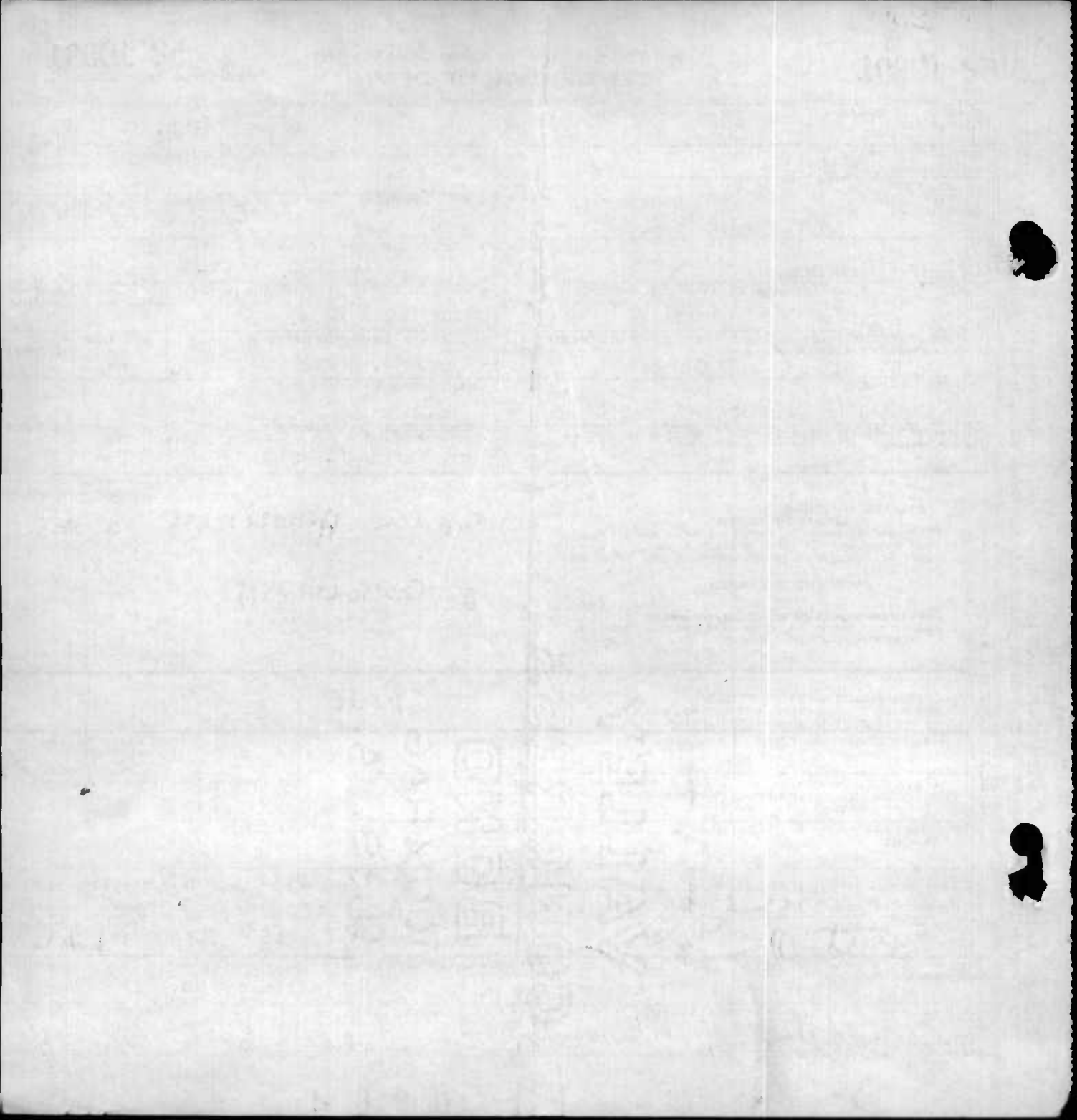
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tuckner & Sons Inc. Balt Md

ADDRESS



PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10992**

530
52 10992

1. NAME OF DECEASED (Type or Print) JESSIE SMITH		2. DATE OF DEATH December 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
8. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2226 Druid Hill Avenue	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 4, 1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 51 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Robert Thomas		11. BIRTH PLACE (State or foreign country) Belle view Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Josephine Shan	
16. SOCIAL SECURITY NO.		17. INFORMANT Hilda Henry 617 N. Calhoun St.	
18. E982X and 322.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Stab wound of abdomen with massive intra-abdominal hemorrhage ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Acute alcoholism OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) house	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Found 12/1/52 8:00 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2226 Druid Hill Avenue		21F. HOW DID INJURY OCCUR? sharp instrument	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death, in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William B. Smith		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D.	
23C. DATE SIGNED 12/1/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/6/1952	24C. NAME OF CEMETERY OR CREMATORY Easton Md.	24D. LOCATION (City, town, or county) (State) Easton Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Mrs. Kate R. Williams	
ADDRESS Schroeder St.			

See letter in Document File from

Dr. Wm. V. Lovitt, Jr.,

Chief Medical Examiner

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 10993**

BIRTH NO. **52 10993**

1. NAME OF DECEASED
(Type or Print) **Sarah Elizabeth Jennings**

2. DATE OF DEATH **11-30-1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MD.** B. COUNTY **BALTO.**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **419 N. Fremont Ave.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTO.

c. Length of stay in Baltimore
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
419 N. Fremont Ave.

5. SEX **Female**

6. COLOR OR RACE **Col.**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH **Dec. 25, 1885**

9. AGE (In years last birthday) **66**

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
BALTO. MD.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
Wm Henry Fisher

14. MOTHER'S MAIDEN NAME
Elizabeth ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
 Evelyn Waters

ADDRESS **419 N. Fremont Ave.**

18. **442 X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Respiratory failure**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertensive + arteriosclerosis**

DUE TO

(C) **Cordes bas cula renal disease**

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 23, 1952** to **Nov 30, 1952**, that I last saw the deceased alive on **Nov 23, 1952** and that death occurred at **8:05 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE
J. Shorofsky M.D.

23B. ADDRESS
608 N. Howard St.

23C. DATE SIGNED
12/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
12/5/1952

24C. NAME OF CEMETERY OR CREMATORY
Wm. Williams Cem.

24D. LOCATION (City, town, or county) (State)
BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR
DEC 4-1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
Wm. Williams

ADDRESS **322**

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10994

530
10994
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>SMITH, WILLIAM A.</i>			2. DATE OF DEATH <i>3 Dec '52</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Simon Hoag</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Simon Hoag - of Balt. Inc.</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Life</i>			d. STREET ADDRESS (If rural, give location) <i>408 N Washington St</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>July 4/92</i>	9. AGE (in years last birthday) <i>60</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Md Dry Goods</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Charles Smith</i>			14. MOTHER'S MAIDEN NAME <i>Mary Bondell</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>216-12-7382</i>	17. INFORMANT ADDRESS <i>Marie H. Smith, 408 N. Wash. St</i>		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial infarction</i> DUE TO <i>Coronary Heart Disease</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>None</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>None</i>			INTERVAL BETWEEN ONSET AND DEATH <i>acute</i> <i>4 yrs.</i>		
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. 'AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3 Dec 1952</i> to <i>3 Dec 1952</i> , that I last saw the deceased alive on <i>2 Dec 1952</i> and that death occurred at <i>3:28 Am.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Amel L. Lewis</i>		23b. ADDRESS <i>200 N E Pratt St</i>		23c. DATE SIGNED <i>12/4/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Dec 6/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24d. LOCATION (City, town, or county) (State) <i>Baltimore</i>		24e. FUNERAL DIRECTOR <i>Philip Henry Sons</i>		24f. ADDRESS <i>2024 Orleans St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 4 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		24g. ADDRESS	

1001 53

RECEIVED OF CASH

1885

January

for

rent

of

the

premises

situated

at

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corner

of

the

street

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river

fronting

on

the

-130		HAUPT		BALTIMORE CITY HEALTH DEPARTMENT		52 10995		Registered No. 52 10995	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Louis F. Haupt</i>				2. DATE OF DEATH <i>12/3/52</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. STATE <i>MD.</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1265 Washington Blvd</i>		D. STREET ADDRESS (If rural, give location) <i>1265 Washington Blvd</i>				E. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>Life</i>		Yrs. <i>Life</i>				Mos. <i>Life</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Dec 3rd 1911</i>		9. AGE (In years last birthday) <i>41</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carb.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Butler Bros</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			
13. FATHER'S NAME <i>Louis F. Haupt</i>		14. MOTHER'S MAIDEN NAME <i>Annie Wise</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>GEN. 1955 (W)</i>		17. INFORMANT ADDRESS <i>Mrs. Mildred E. Haupt, 1265 Wash. Blvd.</i>	
18. 002X		CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Coronary Occlusion</i>				<i>Instant</i>			
ANTECEDENT CAUSES		(B) <i>Pulmonary Tuberculosis</i>				<i>3 years</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)							
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21F. HOW DID INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>9-9</i> , 19 <i>46</i> to <i>12-3</i> , 19 <i>52</i> that I last saw the deceased alive on <i>11-30</i> , 19 <i>52</i> , and that death occurred at <i>11 A</i> m., from the causes and on the date stated above.		23A. SIGNATURE <i>John P. Mellock, Jr.</i>				23B. ADDRESS <i>1227 Waver Blvd</i>		23C. DATE SIGNED <i>12/4/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>buried</i>		24B. DATE <i>12/6/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park Cem.</i>		24D. LOCATION (City, town, or county) <i>Frederick, Md.</i>		24E. STATE <i>Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS <i>1001 Hollins St.</i>			

H 400
52 10996BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10996

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE

HILL

2. DATE
OF
DEATH

December 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

653 N. Paca Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

K

8. DATE OF BIRTH

1903

9. AGE (In years
last birthday)

49

11 Under 1 Year
Months Days12 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Deal.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

7

14. MOTHER'S MAIDEN NAME

7

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Fatt Jones 1111

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

Dec. 3, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 4 - 1952

Huntington Williams, M.D.

A. Fatt Jones 1111

V S 151

1 9 5 2 1970990 0 0 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

10-1-11

10-1-11

10-1-11



T-52 512 10997

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10997

1. NAME OF DECEASED (Type or Print) C. CATHERINE THOMPSON			2. DATE OF DEATH December 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital C. Length of stay in Baltimore Life Yrs. Mos. Days			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 9 N. Fulton Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 8, 1877	9. AGE (In years last birthday) 75	If Under 1 Year Months: Days If Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME William Knell			14. MOTHER'S MAIDEN NAME Rose Marguerite Knauer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. George Knell, 3501 St. Paul St.		

18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of pelvis with retroperitoneal hemorrhage ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture of left humerus Arteriosclerotic cardiovascular disease	CAUSE OF DEATH (A) Fracture of pelvis with retroperitoneal hemorrhage (B) Fracture of left humerus (C) Arteriosclerotic cardiovascular disease	INTERVAL BETWEEN ONSET AND DEATH
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Fulton Avenue and Baltimore Street 1912
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 21, 1952 3:00 P. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William W. [Signature]</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D.	23C. DATE SIGNED Dec. 3, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 6 /52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Harry A. [Signature], 4101 E. [Address]</i>

MARGIN RESERVED FOR BINDING

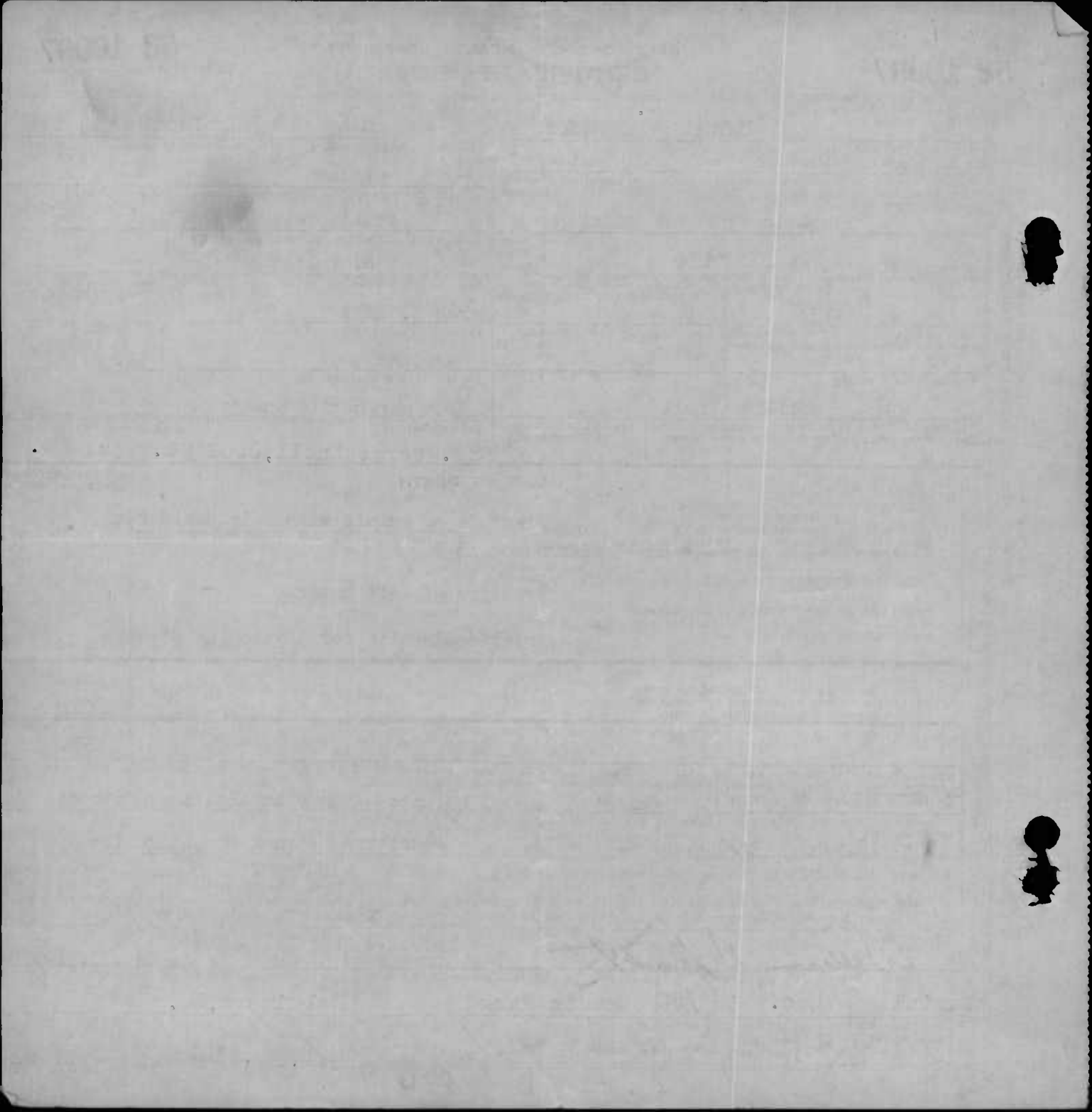
MEDICAL CERTIFICATION

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V S 151 N 808.2

19520000

amondson



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10998

52 10998

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Hobson, Virginia L.*2. DATE
OF
DEATH*12-1-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Maryland**Carroll*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Finksburg, Md.

D. STREET ADDRESS (If rural, give location)

5600

c. Length of stay in Baltimore

18☒ Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6-11-34

9. AGE (In years last birthday)

18

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife.

10B. KIND OF BUSINESS OR INDUSTRY

owner house

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Vernon Catfield

14. MOTHER'S MAIDEN NAME

Nellie Nash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

☒

16. SOCIAL SECURITY NO.

☒

17. INFORMANT

Ruth Hobson

ADDRESS

*same.*18. *416X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *heart failure*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *chronic heart disease*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-9*, 19*52* to *12-4*, 19*52* that I last saw the deceased alive on *12-3*, 19*52* and that death occurred at *12:15* m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Jan Lin

M. O.

23B. ADDRESS

The General Hosp.

23C. DATE SIGNED

Dec. 4, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/6/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

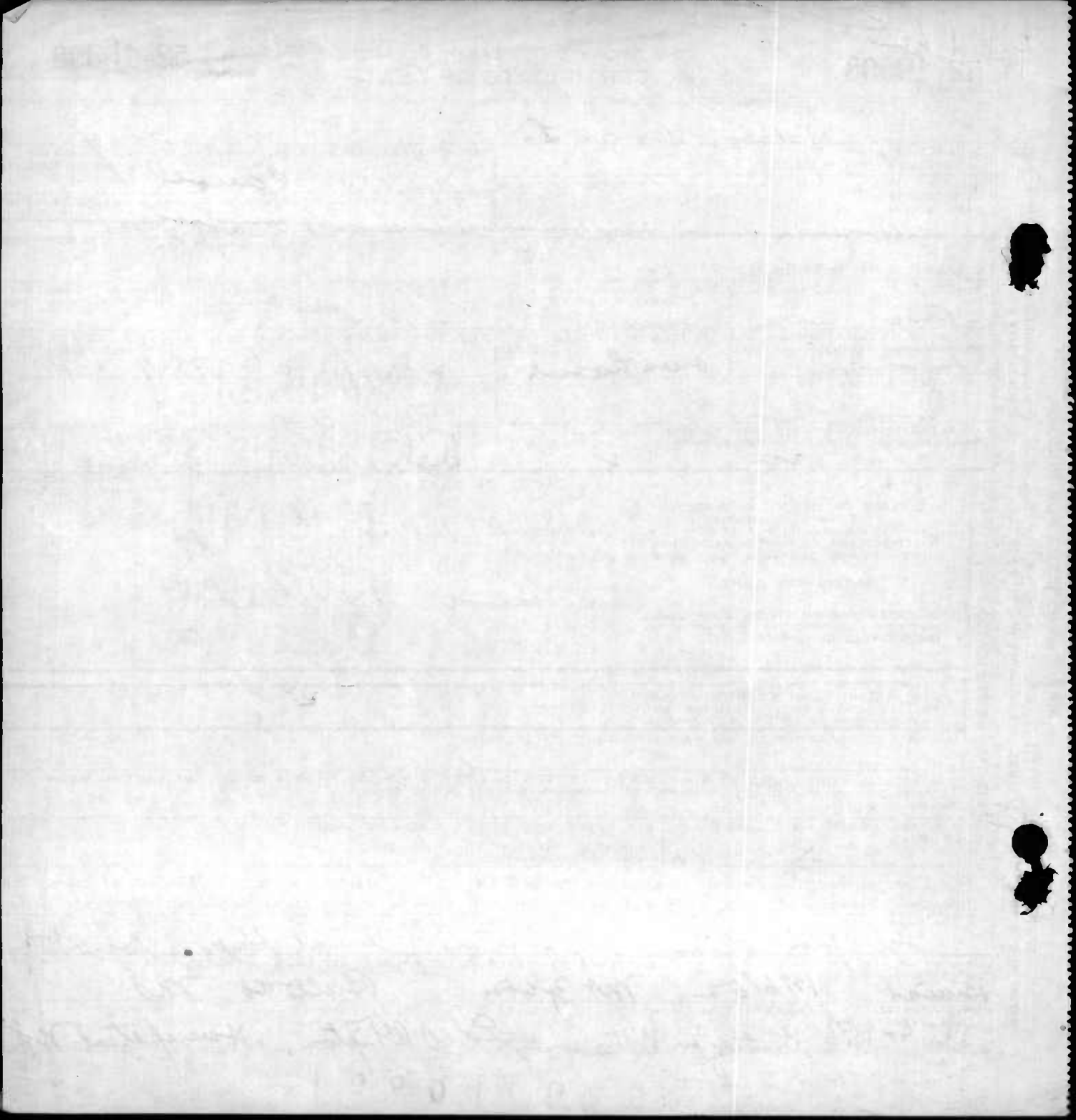
25. FUNERAL DIRECTOR

ADDRESS

Edw. E. Dwyer, Huntwood Md

VS 150

520010991



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10999
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JENNIE BAUERMAN

2. DATE
OF
DEATH

DEC 3 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*4103 LIBERTY HTS
BALTIMORE, MD*

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

4103 Liberty Heights Ave

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

4103 Liberty Heights Avenue

C. Length of stay in Baltimore

60 yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 11, 1889

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Annapolia, Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Rubin Rosenberg

14. MOTHER'S M maiden NAME

Paula

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Paul Landsman - 4103 Liberty Hts

ADDRESS

18. *420.1 and 260X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cardiac decompensation*

2 yrs

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Coronary infarction*

3 yrs

ONE TO

(C) *Arteriosclerosis, diabetes mellitus?*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Coronary infarction - X3

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *June, 1949* to *Dec 3, 1952* that I last saw the deceased alive on *Dec 3, 1952* and that death occurred at *11:15 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Joseph C. Matchar

23B. ADDRESS

3623 Liberty Hts

23C. DATE SIGNED

Dec 3, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/5/52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Sol Levinson + Bros - 1124-26

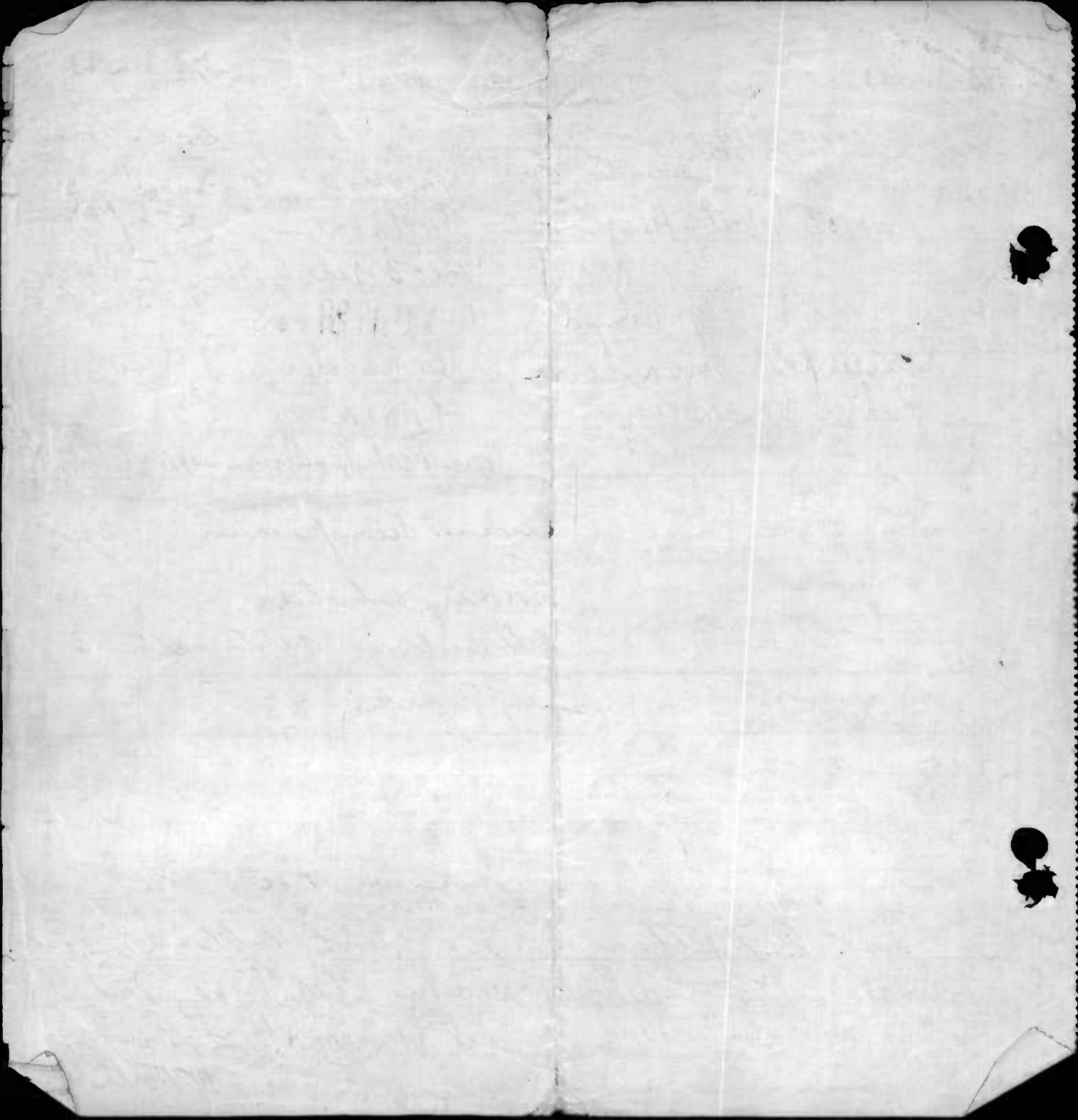
ADDRESS

W. North Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 11000

BIRTH NO. 52 11000		1. NAME OF DECEASED (Type or Print) MARY PARKER (ELZA)		2. DATE OF DEATH Dec. 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE New York Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1805 (Marlin) Avenue Moreland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New York City, Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1805 Moreland Ave		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11/ /1993	9. AGE (In years last birthday) 59	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT James Hall 1805 Moreland Ave		

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
Dec. 2, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/6/52

Mt Auburn

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 4 - 1952

Huntington Williams, M.D.

Geo. G. Kelson 1303 Presstman St.

